SEKHUKHUNE FURTHER EDUCATION AND TRAINING COLLEGE

ENROLMENT FORM – NCV

STUDENT NUMBER	

TITLE	**SURNAME OF STUDENT**																				
FIRST NAMES																					
ID NUMBER																					
GENDER	**M**		**F**													**DISABLED**	**Y**		**N**		
	(Specify disability)																				
STUDENT CELL																					
LANGUAGE	**ENGLISH**			**SEPEDI**			**OTHER (Specify)**														
RACE	**BLACK**			**COLOURED**			**OTHER (Specify)**														
NATIONALITY	**SA**		**OTHER (Specify)**																		
PARENT/GUARDIAN																					
POSTAL ADDRESS																					
	PROVINCE											**Postal Code**									
TEL No HOME																					
PARENT CELL																					

COURSE:	**INFORMATION TECHNOLOGY & COMPUTER SCIENCE**	**LEVEL: 4**
SUBJECTS		**AMOUNT**
ENGLISH		
MATHEMATICS		
LIFE ORIENTATION		
SYSTEMS ANALYSIS AND DESIGN		
DATA COMMUNICATION AND NETWORKING		
COMPUTER PROGRAMMING		
CONTACT CENTRE OPERATIONS		
First payable amount upon registration: R1000		
TOTAL		

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NAME: LECTURER **SIGNATURE** **NAME: DATA CAPTURER**

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DATE