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:	MANAGEMENT	LEVEL: 2
SUBJECTS		AMOUNT
ENGLISH		
MATHEMATICAL LITERACY		
LIFE ORIENTATION		
MANAGEMENT PRACTICE		
OPERATIONS MANAGEMENT		
FINANCIAL MANAGEMENT		
ENTREPRENEURSHIP		
First payable amount upon registration: R1000		
	TOTAL	

…… NAME: LECTURER

…….. SIGNATURE

…….. NAME: DATA CAPTURER

…… DATE