

2024 REGISTRATION FORM

Student Number: Academic Year: Faculty: Programme: Focal Area:				Study Leve Years Enro			
Title: Surname: First Name(s): Identity Number: Passport Number:				Date of Bi Gender: Marital St	atus:		
Home Address:				Change o	i details:		
Postal Code: Phone Number: Residence Address:				Change o	details:		
Postal Code: Phone Number:							
Personal email address							
MODULE DETAILS Insert the module deta Sciences, Yearbook (F Description	ails here that you wish to r Part 12)	egister for. App		odules ma	y be found in t	he Medicine Semester	and Health
(full name & surname of nat I agree that the modules and module requis	dule selection is correct ar	nd that my final	registrati	on is still s	ubject to the ap	here pplicable prog	by declare gramme
Signature (Student):				Dat	e:		