



UNIVERSITEIT • iYUNIVESITHI • STELLENBOSCH • UNIVERSITY



EXPRESSION OF INTEREST FORM FOR CO-CURRICULUM RECOGNITION PROGRAM
(Please complete and return to pulem@sun.ac.za)

Form submission date to the Co-curriculum Office _____

Name of the Co-curriculum Program/Course/Activity:

Brief description of the Program/Course/Activity (Why this programme? and what will this programme achieve):

Students participating (who will be participate in the program)

Student Learning Outcomes (what will the students learn)

Activities (what training activities will take place)

Assessment / Measurement (how will the learning be assessed)

Name of Program Leader (who is responsible for delivering the programme)

Faculty, degree and year of registration _____

Student No _____

Validator (Staff member who will confirm completion of a recognized Co-Curriculum Programme/Course/Activity)

Email and contact details of Validator _____