## SHSPH Module enrolment form (also available on-line)

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| --- | --- | --- | --- |
| Name & Surname | |  | |
| Student Number | |  | |
| Programme Registered for (MPH, DOM&H, etc.) | |  | |
| **Registration of modules** | | | |
| Code | Module Name | | Date |
|  |  | |  |
|  |  | |  |
|  |  | |  |
| **Registration of modules for none-degree purposes** – Subjected to APC approval | | | |
| Code: | Module Name: | | Date: |
|  |  | |  |
| **Student Motivation** |  | | |
| **Supervisor support** | Signature:  Date: | | |
| **APC Approval** | APC Chairperson  Signature:  Date: | | |
| **De-registration of modules** | | | |
| Code: | Module Name: | | Date: |
|  |  | |  |
|  |  | |  |

Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact details in case of cancellation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**All** registrations must go through the Student Administration Office

Tel: +27 (0) 12 356 3292 E-mail: [lesiba.mpati@up.ac.za](mailto:lesiba.mpati@up.ac.za) **or** [courses@med.up.ac.za](mailto:courses@med.up.ac.za)