**SHSPH Exam Enrolment Form**

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| --- | --- |
| **NAME** |  |
| **STUDENT NUMBER** |  |
| **PROGRAMME REGISTERED FOR (MPH, MMED, etc)** |  |

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| --- | --- | --- | --- |
| **CODE** | **INDICATE CHOICE (x)** |  | **Date** |
| **PHM 871\* MPH Core exam** |  |  |  |
| **PHM 872\*\*** **MPH Track exam** |  | **Specify which Track:** |  |

***\*Please note that the entry criteria to enrol for the PHM 871 examination are the successful completion of all core modules except scientific writing (HMS 871)***

***\*\*Please note that the entry criteria to enrol for the PHM 872 examination are the successful completion of all the compulsory Track modules.***

**Students must ensure that they meet these criteria before enrolling for these exams.**

**I hereby confirm that I meet all the requirements for enrolment of the exam/s:**

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

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

**All registrations must go through the Student Administration Office Tel: +27 (0) 12 354 2409 Fax: +27 (0) 12 354 1750 E-mail:** **reuben.semenya@up.ac.za****courses@med.up.ac.za**