

APPLICATION TO ENROL CONCURRENTLY FOR TWO ACADEMIC PROGRAMMES/PLANS

This form must be submitted to the relevant Faculty’s Student administration

|  |  |  |
| --- | --- | --- |
| **A**. | *STUDENT NUMBER:* ………………………………………...... | *TITLE*: …….………… |
|  | *LAST NAME*: ………………………………………………………… | *INITIALS*:……………… |

POSTAL *ADDRESS*: …………………………………………………………………………….…

…………………………………………………………………..…………………

……………………..…………………………………Code ………………

1. *Academic programmes/plans for which you intend enrolling concurrently*:
   1. …………………………………………………………………………………..
   2. …………………………………………………………………………………..

|  |  |  |
| --- | --- | --- |
| **C**. | ………………………………………………… | ……………………………….. |
|  | **STUDENT** | *Date* |

1. Approved

*Not approved*

*FACULTY 1*:………………………………………………………………………………….

……………………………………………………………………………………………………………………

*for DEAN:* ……………………………………………*Date*: …………………………………….

1. Approved

*Not approved*

*FACULTY 2*:…………………………………………………………………………………..

…………………………………………………………………………………………………………………….

*for* ***DEAN****:* ……………………………………………*Date:* … …………………………………

**NB**: *For more information about how the University uses personal information, please visit our* [*Privacy Notice.*](https://www.up.ac.za/iGaPP-programme/article/2820091/student-privacy-notice)