

SCHOOL OF HEALTH SYSTEMS AND PUBLIC HEALTH

UNIVERSITY OF PRETORIA
Faculty of Health Sciences

Tel 012 354 2409
Fax 012 354 2071



SHSPH Exam Enrolment Form

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

Registration for examination

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*

***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 3563286
fax: +27 (0) 12 354 1750 E-mail: reuben.semenya@up.ac.za courses@med.up.ac.za

Updated 19/02/2014

