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

|  |  |
| --- | --- |
| 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 ChairpersonSignature: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 **or** courses@med.up.ac.za