UNIVERSITY OF PRETORIA CA PROGRAM



DEPARTMENTAL APPLICATION FOR ADMISSION TO THE POSTGRADUATE DIPLOMA (PGDAS) IN ACCOUNTING SCIENCES & CTA PROGRAMME – FULL-TIME

UP Students must in **PERSON** submit this form **before or on 31 October** at Mrs Gerda (MJ) du Toit, Economics and Management Sciences Building, Room 2-52.2. After applying electronically to study at UP, top students from other accredited SA universities must fax this form to **0866027731 before or on**31 October (31 August for international students).

				after applying or	nline.
Surname:		Initial	Initials:		
Name:		Stude			
		Cell:			
Fax:					
E-mail address (Tuks e-mail o	nly):				
			and details on ti	he first class test	and
Mark applicable with X:	A Citizen	SA Reside	ence Permit	Foreigner	
Language preference for lectu	ıres	ENGLISH	AFRIKA	ANS	
		Com (Account	ing Sciences)		
equivalent at another Univer results (a formal academic re	sity, pleas ecord from	e mention wh your Univ ers	ich University	y and <u>attach y</u>	<u>our</u>
Do you hold a bursary? Where	e?				
Have you signed a training contract? YES NO					
Provide a RECENT passport photo in space					
Data				РНОТО	
Date.					
Signature:					
OFFICE USE:					
		ADMIT		DINIED	
	Surname: Name: Telephone: Fax: E-mail address (Tuks e-mail of (Outcome of selection will be come scheduling for the PGDAS program Mark applicable with X: (If a foreigner and not holding but only a passport, state country and the program of the p	Surname: Name: Telephone: Fax: E-mail address (Tuks e-mail only): (Outcome of selection will be communicated be scheduling for the PGDAS programme will be in Mark applicable with X: SA Citizen (If a foreigner and not holding a residence but only a passport, state country of origin.) Language preference for lectures If you obtained your SAICA accredited Be degree prior to 2018, state the year: If you obtained your SAICA accredited equivalent at another University, please results (a formal academic record from marks for 2018 from your department/sc.) Do you hold a bursary? Where? Have you signed a training contract? Provide a RECENT passport photo in spanning contract? Signature: DEFFICE USE:	Surname: Initial Name: Stude Telephone: Cell: Fax: E-mail address (Tuks e-mail only): (Outcome of selection will be communicated by e-mail ONLY a scheduling for the PGDAS programme will be included.) Mark applicable with X: SA Citizen SA Reside (If a foreigner and not holding a residence permit but only a passport, state country of origin.) Language preference for lectures ENGLISH If you obtained your SAICA accredited BCom (Account degree prior to 2018, state the year: If you obtained your SAICA accredited BCom (Account at another University, please mention where suits (a formal academic record from your University marks for 2018 from your department/school). Do you hold a bursary? Where? Have you signed a training contract? Provide a RECENT passport photo in space Date: Signature: DEFFICE USE:	Students must personally submit the form at the indicated office in person, Surname:	Name: Student Number: Telephone: Cell: Fax: E-mail address (Tuks e-mail only): (Outcome of selection will be communicated by e-mail ONLY and details on the first class test scheduling for the PGDAS programme will be included.) Mark applicable with X: SA Citizen SA Residence Permit Foreigner (If a foreigner and not holding a residence permit but only a passport, state country of origin.) Language preference for lectures ENGLISH AFRIKAANS If you obtained your SAICA accredited BCom (Accounting Sciences) degree equivalent at another University, please mention which University and attach y results (a formal academic record from your Univ ersity administration, plus to commarks for 2018 from your department/school). Do you hold a bursary? Where? Have you signed a training contract? YES NO Provide a RECENT passport photo in space Date: PHOTO



Faculty of Economic and Management Sciences Department of Accounting

PERMISSION TO DISCLOSE PERSONAL INFORMATION TO SAICA

Dear CTA Student

SAICA requires universities to supply them with certain personal information of students to enable them to set up their registration system for the ITC of 2020.

For instance, they would require your ID number, whether you are a SA citizen or a foreign student, your surname and full names, whether you study full time or part time, whether you require extra time, how much extra time, the reason why you need extra time, your CTA university, qualification obtained, your telephone number and email address.

To remain within the legal framework on the access to personal information and to assist you with your registration for the 2020 ITC, we need your permission to disclose this information to them. In view of this, please sign the declaration.

Regards All Locator Prof JGI Oberholster CA PROGRAMME CO-ORDINATOR: UNIVERSITY OF PRETORIA					
DECLARATION I hereby grant permission to the University of to myself to SAICA in respect of the 2020 Init	f Pretoria to disclose personal information relating tial Test of Competence (ITC).				
INITIALS AND SURNAME	SIGNATURE				
Student Number					