



**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)**.*

Note that no faxed forms from UP students will be accepted.

(UP Students must personally submit the form at the indicated office in person, after applying online.)

1. **Surname:** _____ **Initials:** _____

2. **Name:** _____ **Student Number:** _____

3. **Telephone:** _____ **Cell:** _____

4. **Fax:** _____

5. **E-mail address (Tuks e-mail only):** _____

(Outcome of selection will be communicated by e-mail ONLY and details on the first class test and scheduling for the PGDAS programme will be included.)

6. **Mark applicable with X:**

SA Citizen	SA Residence Permit	Foreigner
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(If a foreigner and not holding a residence permit but only a passport, state country of origin.)

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7. **Language preference for lectures**

ENGLISH	AFRIKAANS
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8. **If you obtained your SAICA accredited BCom (Accounting Sciences) degree prior to 2018, state the year:**

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9. **If you obtained your SAICA accredited BCom (Accounting Sciences) degree or equivalent at another University, please mention which University and attach your results (a formal academic record from your University administration, plus to date marks for 2018 from your department/school).**

10. **Do you hold a bursary? Where?** _____

11. **Have you signed a training contract?**

YES	NO
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12. **Provide a RECENT passport photo in space**

Date: _____

Signature: _____

PHOTO

FOR OFFICE USE:

SELECTION RESULTS:	ADMIT	DINIED		
<table style="width: 100%;"> <tr> <td style="width: 60%; border-top: 1px solid black; border-bottom: 1px solid black;">PROGRAMME CO-ORDINATOR: CA TRAINING</td> <td style="width: 40%; border-top: 1px solid black; border-bottom: 1px solid black;">Date</td> </tr> </table>			PROGRAMME CO-ORDINATOR: CA TRAINING	Date
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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



Prof JGI Oberholster
CA PROGRAMME CO-ORDINATOR: UNIVERSITY OF PRETORIA

DECLARATION

I hereby grant permission to the University of Pretoria to disclose personal information relating to myself to SAICA in respect of the 2020 Initial Test of Competence (ITC).

INITIALS AND SURNAME

SIGNATURE

Student Number