



**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 .....

B. Academic programmes/plans for which you intend enrolling concurrently:

1. ....

2. ....

C. ....  
 STUDENT Date

D. Approved  
 Not approved

FACULTY 1:.....

.....

for DEAN: .....Date: .....

E. Approved  
 Not approved

FACULTY 2:.....

.....

for DEAN: .....Date: .....

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