



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:*