

**APPLICATION FOR REGISTRATION AS
A VISITING STUDENT IN MEDICINE, MEDICAL SCIENCE
AND DENTISTRY**

NON COMPLIANT APPLICATION WILL BE REJECTED AND SENT BACK TO YOU!

Note: The original application must be submitted via the local University in South Africa to:
The Registrar, PO Box 205, Pretoria 0001 **by registered mail for ease of tracking OR by courier**
553 Madiba Street, Arcadia, Pretoria, 0083

(NO ALTERATIONS TO THIS DOCUMENT WILL BE ACCEPTED)

**BANKING
DETAILS**

Bank: ABSA
Branch: Arcadia
Branch Code:
632005
Account Type:
Cheque Account

Account Number:
061 00 00 169
(All other fees)

A. To be completed by a teaching institution abroad where the applicant is a full-time student.

I, the undersigned, hereby certify that:

(Dr, Mr, Mrs, Miss) : Surname :

First names : Passport number :

He/she is in his/her year of study for the degree of

**SEAL/STAMP OF ABROAD
TEACHING INSTITUTION**

**DEAN OF THE FACULTY
OR
REGISTRAR OF TEACHING INSTITUTION**

DATE

**PLEASE
Include your
HPCSA
registration /
Identity
number or
passport
number as
reference to
ensure correct
allocation
against YOUR
name.**

B. Please submit together with your application:

- a) Current registration fee of **R821.00**). This fee must be remitted by a bank draft drawn on a bank in South Africa. Registration fees are subject to review.
- b) A certified copy of the applicant's passport.

C. To be completed by the University in South Africa where student is to be temporarily registered.

I, the undersigned, hereby certify that:

(Mr/Mrs/Miss) : Surname :

First names :

will commence attendance of a course or courses in the (first, second, etc.) year of study in the faculty/school of

This student is enrolled for a course in (subject) in a temporary capacity for a period not exceeding one academic year and not for degree purposes.

The student concerned will attend classes in the Department of at this University from the (day) (month) 20..... to (day) (month) 20.....

**SEAL/STAMP OF UNIVERSITY IN
SOUTH AFRICA**

DEAN/REGISTRAR

DATE

I certify that the application meets the requirements as outlined in section C and that I have verified the application:

Registration Officer: **Signature:** **Date:**

NB: Please note that the Council, in the normal course of its duties, reserves the right to divulge information in your personal file to other parties.