Form 53
DOH

APPLICATION FOR REGISTRATION
STUDENT
DENTAL THERAPY AND ORAL HYGIENE

NON COMPLIANT APPLICATION WILL BE REJECTED AND SENT BACK TO YOU

Please PRINT and return the ORIGINAL FORM to:

The Registrar, PO Box 205, Pretoria 0001 by registered mail for ease of tracking mail
553 Madiba Street, Arcadia, Pretoria 0083

NO ALTERATIONS TO THIS DOCUMENT WILL BE ACCEPTED

FOR OFFICE USE ONLY

Received on ....

Amount ....

Receipt No. ....

To be duly completed by the student.

A. PERSONAL PARTICULARS

I, (Mr, Mrs, Miss) .... Surname: ....

Maiden name (if applicable): ....

First names: .... Identity No.: ....

Postal address: ....

.... Postal code: ....

Residential address: ....

.... Postal code: ....

Tel (H): .... (W): ....

Cell: .... Fax: ....

Email: ....

* Marital Status: Divorced | Married | Single   Gender: Male | Female

* Race: Asian | African | Coloured | White   Country of origin: ....

hereby apply to register as a student in ....
(kindly indicate profession)

SIGNATURE: .... **Date:** .... **20** ....

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

Registration Officer: ....

Signature: ....

Date: ....

B. The following is submitted in support of my application:

- [ ] 1. Registration fee of **R225.00.** Please attach a copy of the proof of payment.
- [ ] 2. A copy of my identity document or birth certificate.
- [ ] 3. A copy of my marriage certificate (should you wish to register in your married surname).
- [ ] 4. An additional fee of **R90.00** in respect of <u>each month</u> or part of a month which my application is submitted later than **four** months after date of registration with the University.

C. TO BE COMPLETED BY THE TRAINING INSTITUTION

Certificate of having commenced study as a student, issued by: ....

indicating that he/she enrolled on .... (day) .... (month) .... (year)

in the (first, second, etc.) .... year of study.

I consider him/her to be a competent and fit person to practice as a

ORIGINAL OFFICIAL DATE STAMP OF INSTITUTION

....
SIGNATURE: REGISTRAR ACADEMIC/HEAD OF DEPARTMENT **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.

Updated/LS/04-2016