

Form 8

APPLICATION FOR REGISTRATION AS

VISITING STUDENT DENTAL THERAPY AND ORAL HYGIENE

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

(NO ALTERATIONS TO THIS SECTION WILL BE ACCEPTED)

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

A. To be completed by a teaching <u>institution abroad</u> where the applicant is a full-time student.			II-time student.
	I, the undersigned, hereby certify that: (Dr, Mr, Mrs, Miss):		
First names : Passport number :			r:
	He/she is in his/her year of study for the degree of		
		SEAL/STAMP OF ABROAD TEACH	ING.
		INSTITUTION	
	SIGNATURE OF DEAN OF THE FACULTY		
	OR REGISTRAR OF TEACHING INSTITUTION		DATE
В.	Please submit together with your app	lication:	I
	a) Registration fee of R880.00 applicable from 1 April 2024 to 31 March 2025. Banking details as on the website. This fee must be remitted by a bank draft drawn on a bank in South Africa. (Use passport number as deposit reference)		
	b) A certified copy of the applicant	's passport (not older than 3 months).	
	(NO AL	TERATIONS TO THIS SECTION WILL BE ACCE	PTED)
C. To be completed by the <u>University in South Africa</u> 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		
	study in the faculty/school of		
University from the (day) (month) 20 to (day) (month) 20			day) (month) 20
		SEAL/STAMP OF UNIVERSITY IN SOUTH AFRICA	
	DEAN/REGISTRAR		DATE