

## **APPLICATION FOR REGISTRATION AS**

**VISITING STUDENT** 

## Form 8 OCP

NON COMPLIANT APPLICATION WILL BE REJECTED AND SENT BACK TO YOU!			
	(NO ALI	ERATIONS TO THIS SECTION WILL BE ACCEPTE	D)
Note		ubmitted via the local University in Sout a 0001 or 553 Madiba Street, Arcadia, Pr	
А. Т	To be completed by a teaching <u>institution abroad</u> where the applicant is a full-time student.		
I,	I, the undersigned, hereby certify that:		
(	(Dr, Mr, Mrs, Miss) : Surname :		
F	First names : Passport number :		
F	He/she is in his/her year of study for the degree of		
		SEAL/STAMP OF ABROAD TEACHING INSTITUTION	
	BIGNATURE OF DEAN OF THE FACULTY <u>OR</u> REGISTRAR OF TEACHING INSTITUTION		DATE
B. Please submit together with your application:			
	<ul> <li>a) Registration fee of R802.00 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)</li> </ul>		
<b>b)</b> A certified copy of the applicant's passport (not older than 3 months).			
(NO ALTERATIONS TO THIS SECTION WILL BE ACCEPTED)			
C. To be completed by the University in South Africa where student is to be temporarily registered.			
I	I, the undersigned, hereby certify that:		
(	(Mr/Mrs/Miss) :		
First names :			
will commence attendance of a course or courses in the			
s	study in the faculty/school of		
	This student in enrolled for a course in (subject)period not exceeding <u>one academic year and not for degree purposes</u> .		
The student concerned will attend classes in the Department of			
	University from the		
		SEAL/STAMP OF UNIVERSITY IN SOUTH AFRICA	
	DEAN/REGISTRAR		DATE
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.			

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