

Form 8 ODO

APPLICATION FOR REGISTRATION AS

VISITING STUDENT OPTOMETRY AND DISPENSING OPTICIANS

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.		
	I, the undersigned, hereby certify that:		
	(Dr, Mr, Mrs, Miss) :		
	He/she is in his/her year of study for the degree of		
			No. 1
		SEAL/STAMP OF ABROAD TEACHI INSTITUTION	NG
	SIGNATURE OF DEAN OF THE FACULTY	,	
	OR REGISTRAR OF TEACHING INSTITUTION		DATE
В.	B. Please submit together with your application:		
	a) Registration fee of R924.00 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 applican	t's passport (not older than 3 months).	
	(NO A	LTERATIONS TO THIS SECTION WILL BE ACCE	PTED)
C.	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 : (first, second, etc.) year of		
study in the faculty/school of			
	This student in 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 (d	lay) (month) 20
		SEAL/STAMP OF UNIVERSITY IN SOUTH AFRICA	
	DEAN/REGISTRAR		DATE