

Form 8 PPB

APPLICATION FOR REGISTRATION AS

VISITING STUDENT

PHYSIOTHERAPIST

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

Α.	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):		
	He/she is in his/her	year of study for the degree of	
		SEAL/STAMP OF ABROAD TEACHI INSTITUTION	ING
	SIGNATURE OF DEAN OF THE FACULTY <u>OR</u> REGISTRAR OF TEACHING INSTITUTION		DATE
В.	Please submit together with your application:		
	a) Registration fee of R890.00 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 deposit reference)		
	b) A certified copy of the applicant's	s passport (not older than 3 months).	
	(NO AL	TERATIONS TO THIS SECTION WILL BE ACCE	PTED)
C. To be completed by the University in South Africa where student is to be temporarily registered.			mporarily registered.
	I, the undersigned, hereby certify that:		
	(Mr/Mrs/Miss):Surname	:	
	First names :		
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will commence attendance of a course or courses in the			
	study in the faculty/school of		
This student in enrolled for a course in (subject) in a temporary capaci			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		
	University from the (day)	·	
		SEAL/STAMP OF UNIVERSITY IN SOUTH AFRICA	
		SSS III AI NIOA	
	DEAN/REGISTRAR		DATE