



Form 8

**APPLICATION FOR REGISTRATION AS
VISITING STUDENT
RADIOGRAPHY AND CLINICAL TECHNOLOGY**

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 institution abroad where the applicant is a full-time student.

I, the undersigned, hereby certify that:

(Dr, Mr, Mrs, Miss) : Surname :

First names : Passport number :

He/she is in his/her year of study for the degree of

SEAL/STAMP OF ABROAD TEACHING INSTITUTION

**SIGNATURE OF DEAN OF THE FACULTY
OR
REGISTRAR OF TEACHING INSTITUTION**

DATE

B. Please submit together with your application:

- a) Registration fee of **R902.00 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 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, the undersigned, hereby certify that:

(Mr/Mrs/Miss) : Surname :

First names :

will commence attendance of a course or courses in the (first, second, etc.) year of study in the faculty/school of

This student is 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 (day) (month) 20.....

SEAL/STAMP OF UNIVERSITY IN SOUTH AFRICA

DEAN/REGISTRAR

DATE