Application for Admission to Post-graduate Studies in 20.......



for tomorrow

2.	A candidate wishing to register for the first time at the Nels Metropolitan University must please complete an application admission to the University as well as this form, and submit the with the following: (i) a certified copy of your degree and/or diploma certificing a complete academic record(s) issued by the previous of the enclosed information for candidates for Honours or Moctors' degrees must be read carefully. Please retain it reference.	Student Number:						
<u>A.</u>	FIELD OF STUDY							
1.	DEGREE/DIPLOMA (e.g. M.A.):	I	TYPEOFPROPOSED REGISTRATION: (Indicate with an X)					
2.	DEPARTMENT (e.g. History)		1. Full-time 2. Part-time					
4.	PROPOSED TITLE OF TREATISE/DISSERTATION/THESI:	S (If a treatise/dissertation	···· /thesis is requi	red to obta	ain the dec	gree):		
5.	WERE YOU PREVIOUSLY REGISTERED AT UPE, Vista (P	an X):	1. YES			2. NO		
В.	YOUR NAME AND ADDRESS TO WHICH CORRESPONDED	D:	E-mail a	ddress:				
1.	TITLE:	2INITIALS:	2. SURNA	ME:				
4.	FIRST NAMES (in full):		·					
5.	ADDRESS:			Code: No.:		No.:		(W)
				Code:		No.:		(H)
<u> </u>	ACADEMIC PARTICULARS:			Cell:				
	DEGREES/DIPLOMAS ALREADY OBTAINED: Year Degree or Diploma		University/Co	llege				
1.	Ç ,		,	Ü				
2.								
3.								
4.								
IHA	AVEREAD THE ENCLOSED INFORMATION FOR POST-GRA	DUATE STUDENTS.						
	gnature of Applicant:			Date:				
	150 (2) //U 696 (12/04)							

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D.	D. RECOMMENDATION OF HEAD OF DEPARTMENT:									
1.	*	RECOMMENDED				NOTRECOMMENDED				
2. RECOMMENDEDSUPERVISOR/PROMOTER										
	REC	RECOMMENDED JOINT SUPERVISOR/PROMOTER								
3. MUST THE STAFF CREDIT IN RESPECT OF THIS CANDIDATE BE DISTRIBUTED BETWEEN TWO (OR MORE) DEPARTMENTS? (if applicable)										
YES NO IF YES, PLEASE INDICATE THE DEPARTMENTS AND DISTRIBUTION										
	DEPARTMENTS				DISTRIBUTION %					
	Sigr	nature				Date:				

* Indicate with an X

FAB 150 (2) NMMU 696 (12/04)