

APPLICATION FOR REGISTRATION AS

VISITING STUDENT

Form 8

MEDICINE; DENTISTRY OR MEDICAL SCIENCE

NON COMPLIANT APPLICATION WILL BE REJECTED AND SENT BACK TO YOU!

(NO ALTERATIONS TO THIS SECTION WILL BE ACCEPTED)

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 institut	ted by a teaching institution abroad where the applicant is a full-time student.		
	, 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	NG	
		INSTITUTION		
	SIGNATURE OF DEAN OF THE FACULTY OR		DATE	
_	REGISTRAR OF TEACHING INSTITUTION			
В.	 Please submit together with your application: a) Registration fee of R1441 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)			
	reference)			
	b) A certified copy of the applicant'	s passport (not older than 3 months).		
		TERATIONS TO THIS SECTION WILL BE ACCE		
C.	I, the undersigned, hereby certify that: (Mr/Mrs/Miss):			
The student concerned will attend classes in the Department of				
	University from the (day)	(month) 20 to (d	ay) (montn) 20	
SEAL/STAMP OF UNIVERSITY IN				
		SOUTH AFRICA		
DEAN/REGISTRAR			DATE	