


EKSAMENINSKRYWINGSVORM
EXAM ENTRY FORM
UJ Degree/-Graad & Diploma students/-studente

Alle ATS studente wat nie by die ATS Aucklandpark Kampus eksamens aflê nie, moet die dokument voltooi en aan die ATS versend!
All ATS students that are not writing at the ATS Auckland Park Campus, must complete this document and send it to the ATS!

 Naam van Student:
Name of Student: _____

 Studentenommer:
Student number: _____

 Posadres van Student:
Postal Address of student: _____

 Tel. Nr.: _____ Handtekening van student
 Tel. No.: _____ *Signature of Student:* _____

Vraestel kodes / Paper codes:	Datum van Eksamen/Date of exam
1.	
2.	
3.	
4.	
5.	
6.	
7.	

Plek waar eksamen afgelê gaan word:
[Slegs goedgekeurde ATS eksamen sentrums & toesighouers!]

Place where you will write your exam
[Only approved ATS exam centres and invigilators!]

 Title, Initials & surname:
 Titel, voorletters & van: _____

 Postal address:
 Posadres: _____

 E-mail address: _____ Tel nr: _____
 E-pos adres: _____ Tel no: _____

 Fax nr: _____ Other contact nr:
 Faks nr: _____ Ander kontak nr: _____

 Handtekening van toetsopsigter: _____ Datum: _____
Signature of invigilator: _____ Date: _____

Ek is gewillig om as toetsopsigter op te tree tydens bovermelde toets / I agree to act as invigilator during the above tests.
 (Hierdie vorm moet geteken word / This form must be signed)

Uitsonderings moet deur mev Susan Malan toegestaan en geteken word!

Any exclusion on this must be permitted and signed by Mrs Susan Malan!

Reason for exclusion: _____

APPROVED BY MRS SUSAN MALAN