


**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.:  
 Tel. No.: \_\_\_\_\_

 Handtekening van student  
 Signature of Student: \_\_\_\_\_

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

<b><u>Plek waar eksamen afgelê gaan word:</u></b> <b>[Slegs goedgekeurde ATS eksamen sentrums &amp; toesighouers!]</b>	<b><u>Place where you will write your exam</u></b> <b>[Only approved ATS exam centres and invigilators!]</b>
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Title, Initials & surname: Titel, voorletters & van: _____	
Postal address: Posadres: _____	
E-mail address: E-pos adres: _____	Tel nr: Tel no: _____
Fax nr: Faks nr: _____	Other contact nr: Ander kontak nr: _____
Handtekening van toetsopsigter: Signature of invigilator: _____	Datum: 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)	
<b>Uitsonderings moet deur mev Susan Malan toegestaan en geteken word!</b>	<b>Any exclusion on this must be permitted and signed by Mrs Susan Malan!</b>

Reason for exclusion: \_\_\_\_\_

**APPROVED BY MRS SUSAN MALAN**