



**SEMESTERTOETSAANSOEKVORM**  
**SEMESTER TEST 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.	

<p align="center"><b><u>Plek waar toets afgelê gaan word:</u></b>  <b>[Slegs goedgekeurde ATS eksamen sentrums &amp; toesighouers!]</b></p>	<p align="center"><b><u>Place where you will write your test</u></b>  <b>[Only approved ATS exam centres and invigilators!]</b></p>
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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><i>Uitsonderings moet deur mev Susan Malan toegestaan en geteken word!</i></b>	<b><i>Any exclusion on this must be permitted and signed by Mrs Susan Malan!</i></b>
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Reason for exclusion: \_\_\_\_\_

**APPROVED BY SUSAN MALAN**

AGS Teologiese Kollege b/a

**AUCKLANDPARK TEOLOGIESE SEMINARIUM**  
'n Modelkerk deur opleiding.

AFM Theological College t/a

**AUCKLAND PARK THEOLOGICAL SEMINARY**  
A model church through training.



Privaatsak X 75, Aucklandpark, 2006, Richmondlaan 55, Aucklandpark, 2092, Suid-Afrika □ Private Bag X75, Auckland Park, 2006, 55 Richmond Ave, Auckland Park, 2092, South Africa

☎ +27 726 7029 📠 +27 726 8366 📞 +27 482 1011

[admin@afmtc.org](mailto:admin@afmtc.org) [www.afmtc.org](http://www.afmtc.org)