



Form 8

HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA
APPLICATION FOR REGISTRATION AS A VISITING STUDENT

NB: AN INCOMPLETE FORM WILL DELAY REGISTRATION

NB please take note that the Council, in the normal course of its duties, reserves the right to divulge information in your personal file to other parties.

NB: All applications must be submitted via the local University in South Africa to: The Registrar, P O Box 205, Pretoria 0001

A. To be completed by a teaching institution abroad where the applicant is a full-time student

I, the undersigned hereby certify that -

Mr/Mrs/Miss

Surname:

First names:

Passport number:

is registered as a medical/dental (or other profession as specified) at this institution.

He or she is in his or her year of study for the degree of

DEAN OF THE FACULTY OR REGISTRAR OF TEACHING INSTITUTION

SEAL/STAMP OF ABROAD TEACHING INSTITUTION

DATE

B. Please submit together with your application:

(ithe registration fee of R181.50. This fee must be remitted by a bank draft drawn on a bank in South Africa Registration fees are subject to review. a certified copy of the applicant's passport.

FOR OFFICE USE ONLY

Received on:

Receipt No:

C. To be completed by the University in South Africa where student is to be temporarily registered

I, the undersigned hereby certify that -

Mr/Mrs/Miss

Surname:

First names:

will commence attendance of a course or courses in the (first, second, etc.) year of study in the faculty/school of

This student is enrolled for a course in (subject) in a temporary capacity for a period not exceeding one academic year and not for degree purposes.

The student concerned will attend classes in the Department of at this University from the (day) (month) 200..... to (day) (month) 200...

DEAN/REGISTRAR

SEAL/STAMP OF UNIVERSITY IN S. A.

DATE