

Student number:
For official use only



CENTRE FOR SUSTAINABLE AGRICULTURE & ENVIRONMENTAL SCIENCES
 DEPARTMENT OF LIFE & CONSUMER SCIENCES
 Private Bag X6 Florida Campus
 Florida c/o Christiaan De Wet & Pioneer Ave
 1710 Florida
 +2711 471 2230



ASSOCIATION OF VETERINARY AND CROP ASSOCIATIONS OF SOUTH AFRICA
 PO Box 1995 Lanzerac
 Halfway House 526 Constantia Park
 1685 16th Road
 Midrand
 +2711 805 2000

Registration form

Short Course in Crop Protection for the Industry

(Course code: 7263X) (Module code: SCCPI01)

The registration procedure is as follows:

Complete the registration form, and fax, E-mail or post it, together with a **clear copy of your identity document**, only to:
 Ms H Dickenson Fax: 086 645 6160; E-mail: hettie@avcasa.co.za; PO Box 1995, Halfway House, 1685

Once a student number has been allocated to you, you will be informed by post and/or e-mail.

Should you already have a Unisa student number (8 digits in total), please indicate it on this form:

Section A – Personal Details

1. Surname		Initials		Title												
2. First names																
3. Date of birth	Y	Y	M	M	D	D										
4. Identity Number																
5. Telephone numbers (with area codes)	Work:															
	Home:															
	Fax:															
	E-mail:															
	Cell:															
6. Postal address												7. Residential address				
Postal code																
Postal code																

Section B – General Information

Details of previous registration at Unisa and/or another university, technikon or college					
8. Name of institution E.g. Unisa, UCT	Degree/Diploma/Certificate E.g. BA, BCom, HED	Year(s) E.g. 2002-2004	Student number	If qualification was completed, state year	
9. Highest grade passed in school			Year:		
10. Employer					
11. Do you have access to a computer?				Yes	No
12. Do you have access to the internet?				Yes	No
13. May fellow students contact you for academic purposes?				Yes	No

Section C – Particulars of payment

Study fees	R3010.00
------------	----------

All payments payable to AVCASA.
Cash or Bank transfer
Bank details:

Cheque account holder: AVCASA
Bank : ABSA
Tak/ Branch : Centurion
Tak nr/Branch no : 632-005
Rekening nr/Account no: 1017643718

Sluit asb. inPlease include:
Verw/Ref: Van en Voorletters en Kursus Naam/ Surname/Name and Initials and Course Name
(Faks u Deposito strokie deur synde bewys van betaling/ As proof of payment fax your deposit slip through)

Section D – Declaration and Undertaking

I declare that all the particulars furnished by me on this form are true and correct, and I undertake to comply with the rules, regulations and decisions of the University and the Department, and any amendments thereto, which may be applicable to students in general and to the field of study for which I am registered. I undertake to protect the copyright of the University and under no circumstances to make the study material available for use by any other person.

Student's signature Date

**Complete the registration form, and fax, E-mail or post it, together with a clear copy of your identity document, only to:
 Ms H Dickenson Fax: 086 645 6160; E-mail: hettie@avcasa.co.za; PO Box 1995, Halfway House, 1685**

