





APPLICATION

APPLICANT

Surname(s):		Name(s):	
ID card number:	Address for communication:		
			Postcode:
Town:	Province:	Phone:	
Mobile:	Email:		
Degree programme:			
STATEMENT OF FACTS (if you need more space, use additional sheets) I registered for the Master's Degree in			
I registered for the Master's Degree in during the academic year			
After two years without registering for this degree, I now wish to resume my studies.			
REQUESTS (if you need more space, use additional sheets)			

I would like to register again for the above master's degree programme for the academic year

ATTACHED DOCUMENTS

Report by the Master's Programme Coordinator.

Town:___

Date:____

SIGNATURE

Addressee: DIRECTOR OF THE INTERNATIONAL SCHOOL FOR POSTGRADUATE STUDIES (EIP)

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Vice-Rectorate for Teaching and Learning

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