

**UNDER NO CIRCUMSTANCES MAY THIS APPLICATION BE HANDED IN DIRECTLY
AT THE SCHOOL/DEPARTMENT/FACULTY**



Central University of
Technology, Free State

LS 123.2
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**APPLICATION FOR SUBJECT RECOGNITION
(IN TERMS OF THE PREVAILING RULES OF THE CENTRAL UNIVERSITY OF TECHNOLOGY, FREE STATE)**

STUDENT NUMBER			
FULL NAMES			
SURNAME			
TITLE	(Dr, Mr, Ms.)		
E-MAIL ADDRESS			
POSTAL ADDRESS			
TEL. NO. OF APPLICANT	Home	Work	Cell

QUALIFICATION(S) ALREADY ACHIEVED/PREVIOUS FIELD OF STUDY

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NAME AND CODE OF PROSPECTIVE QUALIFICATION

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**Please Note: An administrative fee per subject, as determined by the Deputy Vice Chancellor: Resources and Operations, is payable before your application will be processed.*

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|----|---|
| 1. | 1. An original academic record and certificate of conduct should be included as proof that you have passed the subject(s)/ |
| 2. | 2. A copy of the syllabus of the passed subject(s) as well as other supporting documents should be included in the application/ |

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DATE SIGNATURE OF APPLICANT

FOR OFFICE USE

NUMBER OF SUBJECTS	AMOUNT
RECEIPT NO	DATE

TO BE COMPLETED BY APPLICANT/	FOR OFFICE USE ONLY							
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Subject for which recognition is requested	ITS-code CUT	Credits	Subject passed and name of institution where passed	Lecturer:		Head of Department:		Dean:	
				Comments	Recommendation and signature	Comments	Recommendation and signature	Comments	Recommendation and Signature
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		

COMMENTS (FOR OFFICE USE ONLY)

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Note: By signing this document the academic staff member certifies that there are sufficient overlaps in outcomes, that the requirements with regard to vocational orientation are adhere to, and that this should provide sufficient background knowledge for the student.