

2026 REGISTRATION CONSENT FORM

<u>Instructions</u>: Complete only the blue form fields, insert your signature, and then email this form to tyg-phd@sun.ac.za

| Student Number: | | | | Study Level: | Doctor | al preparator | / |
|--|--|----------------|-------------------|-------------------------|--|---------------------|--|
| Academic Year: | 2026 | | | Years Enroll | | · · | · |
| Faculty: | Faculty of Medicine and He | alth Sciences | L } | | l | | |
| Programme: | Doctoral Preparatory Mo | | | | | | |
| Focal Area: | N/A | | | | | | |
| | | | | | | | |
| Title: | | | | Date of Birt | | | |
| Surname: First Name(s): | N/A | | | Gender: Marital Stat | N/A | | |
| Identity Number: | N/A N/A | | | Maritai Stat | tus: N/A | | |
| Passport Number: | N/A | | | | | | |
| Home Address: | NI/A | | | Change of N/A | details: | | |
| | N/A | | | IN/A | | | |
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| Destal Osday | | | | | | | |
| Postal Code: Phone Number: | | | \dashv \vdash | <u> </u> | | | |
| Phone Number. | | | | Change of | details: | | |
| Residence Address: | N/A | | | N/A | | | |
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| | | | \dashv \vdash | | | | |
| Postal Code: | | | - - | | | | |
| Phone Number: | | | | | | | |
| Personal email address | | | | | | | |
| Applicable modules m Description | nay be found in the Medicine a | and Health So | | | Part 12) Year Level | Semester | Credits |
| Doctoral Preparatory Module | | | | | | | |
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| ECLARATION | | | | | | | |
| (full name & surname nat I agree that the moules and module requis | dule selection is correct and t | hat my final r | egistratio | on is still sul | oject to the ap | here pplicable prog | by declare gramme |
| Signature | | | | Date | | | |
| (Student): | | | | Date | • | | |
| | | | | | | | |
| | | | | | | - | |
| Signature | | | | | | | |