Stellenbosch UNIVERSITY IYUNIVESITHI UNIVERSITEIT

2026 REGISTRATION CONSENT FORM

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

Student Number:		Study Level:	Doctoral
Academic Year:	2026	Years Enrolled:	
Faculty:	Faculty of Medicine and Health Sciences		
Programme:	**PhD**		
Focal Area:	N/A		

Title:		Date of Birth:	
Surname:		Gender:	N/A
First Name(s):	N/A	Marital Status:	N/A
Identity Number:	N/A		
Passport Number:	N/A		

		Change of details:
Home Address:	N/A	N/A
Postal Code:		
Phone Number:		

		Change of details:
Residence Address:	N/A	N/A
Postal Code:		
Phone Number:		

Personal email address	

MODULE DETAILS

Insert the module details here that you wish to register for.
Applicable modules may be found in the Medicine and Health Sciences, Yearbook (Part 12)

Description	Add/Del	Module Code	Year Level	Semester	Credits
PhD					

DECLARATION

I (full name & surname of student) _____ hereby declare that I agree that the module selection is correct and that my final registration is still subject to the applicable programme rules and module requisites.

Signature (Student):		Date:	
Signature (for the Registrar):		Date:	