

2026 REGISTRATION CONSENT FORM

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

Student Number: Academic Year:	2026			Study Leve Years Enro		al	
Faculty:	Faculty of Medicine a	nd Health Science	es				
Programme:	PhD						
Focal Area:	N/A						
Title: Surname: First Name(s):	N/A			Date of Bi Gender: Marital Sta	N/A		
Identity Number:	N/A			Marital Ott	atus. N/A		
Passport Number:	N/A						
Home Address:	N/A			Change o	f details:		
Postal Code:							
Phone Number:				01	f -1 - 4 - 11		
Residence Address:	N/A			Change o	i details:		
Postal Code: Phone Number:							
Personal email address							
MODULE DETAILS Insert the module deta Applicable modules m	ails here that you wish t ay be found in the <u>Mec</u>	o register for. licine and Health S	Sciences	s, Yearbook	(Part 12)		
Description		Add/Del	Mod	ule Code	Year Level	Semester	Credits
PhD							
DECLARATION				ı		I	
(full name & surname of hat I agree that the modules and module requis	dule selection is correct	t and that my final	registra	tion is still s	ubject to the a	here pplicable proo	by declare gramme
Signature (Student):				Dat	e:		
Signature (for the Registrar):] Dat	e:		