

**SHAKALAND TECHNICAL COLLEGE****ENROLMENT FORM NATED ENGINEERING STUDIES****ELECTRICAL ENGINEERING N1 – N3 FULL TIME**

STUDENT NUMBER	
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TITLE		
SURNAME		
FIRST NAME/S		
ID NUMBER		
GENDER		M <input type="checkbox"/> F <input type="checkbox"/>
		DISABLED Y <input type="checkbox"/> N <input type="checkbox"/>
STUDENT CELL		(Specify disability)
LANGUAGE		
RACE		BLACK <input type="checkbox"/> INDIAN <input type="checkbox"/> WHITE <input type="checkbox"/> COLOURED <input type="checkbox"/>
NATIONALITY		SA <input type="checkbox"/> OTHER (SPECIFY)
MEDICAL HISTORY		
PARENT/GUARDIAN		
POSTAL ADDRESS		
RESIDENTIAL ADDRESS		
		PROVINCE
		POSTAL CODE
TEL. No	HOME	
PARENT	CELL	
COURSE		ELECTRICAL ENGINEERING
		LEVEL N1 <input type="checkbox"/> N2 <input type="checkbox"/> N3 <input type="checkbox"/>
SUBJECTS		TICK <input type="checkbox"/>
		AMOUNT
MATHEMATICS		
ENGINEERING SCIENCE		
ENGINEERING DRAWING		
ELECTRICAL TRADE THEORY		
INDUSTRIAL ELECTRONICS		
INNSTRUMENT TRADE THEORY		
ELECTROTECHNOLOGY		
INSTALLATION RULES PAPER 1		
INSTALLATION RULES PAPER 2		
TOTAL		
REGISTRATION FEES		
DEPOSIT		
BALANCE		

ENROLMENT OFFICER_____
SIGNATURE_____
DATE