



SHAKALAND TECHNICAL COLLEGE

ENROLMENT FORM NATED ENGINEERING STUDIES

ELECTRICAL ENGINEERING N4 – N6 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"/>
(Specify disability)		
STUDENT CELL		
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) <input type="checkbox"/>
MEDICAL HISTORY		
PARENT/GUARDIAN		
POSTAL ADDRESS		
RESIDENTIAL ADDRESS		
	PROVINCE	POSTAL CODE
TEL. No	HOME	CELL
PARENT		
COURSE	ELECTRICAL ENGINEERING	LEVEL N 4 <input type="checkbox"/> N 5 <input type="checkbox"/> N 6 <input type="checkbox"/>
SUBJECTS	TICK	AMOUNT
MATHEMATICS		
ENGINEERING SCIENCE		
ENGINEERING DRAWING		
ELECTRICAL TRADE THEORY		
INDUSTRIAL ELECTRONICS		
INSTRUMENT TRADE THEORY		
ELECTROTECHNICS		
DIGITAL ELECTRONICS		
CONTROL SYSTEMS		
SUPERVISORY MANAGEMENT		
LOSS CONTROL		
TOTAL		
REGISTRATION FEES		
DEPOSIT		
BALANCE		

ENROLMENT OFFICER

SIGNATURE

DATE