



UNIVERSITY OF THE
WITWATERSRAND,
JOHANNESBURG

Amendments to Enrolment

Undergraduate/Postgraduate

Please return this form to the Faculty of Humanities

SECTION 1: CURRENT DETAILS (All applicants must complete this section)

Last Name/Surname (as per Identity Document)													
First Name													
Level of Study													
Person Number/Student Number													
Date of Birth													
	Day			Month (e.g. Dec)				Year					

South African ID Number/Passport Number														
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SECTION 2: CHANGE OF PROGRAMME

Programme	Old:	New:
Attendance	Full-Time:	Part-Time:
	From:	To:

SECTION 3: AMENDMENTS TO UNIT ENROLMENT

i) Course you want to drop

Course Code	Course/Topic Name	Unit Class	Term	Approved (signature) by Course Coordinator

ii) Courses you want to register for

Course Code	Course/Topic Name	Unit Class	Term	Approved (signature) by Course Coordinator

Please note that if you are on financial aid and you want to add a unit/units to your enrolment in July, you will be personally liable for the fees of these units. International students need to obtain a new clearance certificate from the International Office if you are adding courses.

SECTION 4: POSTGRADUATE REQUESTS**Requests for:**

i) Extension of time for submission of research proposal	From	To
ii) Extension of time for submission of research for examination	From	To
iii) Give details of any previous extensions	From	To
iv)* Registration to be put in abeyance	From	To
v) Give details if your registration has been put in abeyance before	From	To
vi) Title of research to be changed		
From		
To		
vii) Change of Supervisor	From	To

*This applied to MA by research and PhD students ONLY. Please supply letter from employer to indicate when enrolment commenced

SECTION 5: MOTIVATION FOR POSTGRADUATE REQUESTS

Motivation from Candidate											
Student's Signature											
Motivation from Supervisor											
Supervisor's Signature											
PG Coordinator/HOS Signature											
Date Submitted to Faculty	<table><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										

FOR OFFICE USE ONLY

Signature of Student:											
Date Submitted:	<table><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										
Name & Signature of Faculty Officer:											

PROOF OF RECEIPT OF AMENDMENT FORM

Date Submitted :										
Received By:										
Person No.:										
Reason for Amendment:										
Signature:										