

'...':_A._FRICAN NATIONAL CONGRESS (SA)

ADULT EDUCATION

. Application Form For Distance Learning

_ Section A

- 1 Surname: (SH UHEXQ First Name(s): g(Cdigfa

2 Date of Birth: (it 9-1 2# (2.25

3 Place of Work: m & 21m 5g '

4

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Name of Dept: / , ')c,

v Previous Studies:

6.) Did you complete your Primary Education? M9

b) If you attended a Secondary School, which subjects did you study and up to what level or form?:-

WM

0-) Name your last school and in which town was it located?

'6. - U'Z&

d) When did you leave school?

. _6'o Subject chosen and level (eg English Lit, 'A' Level,

"0' Levels not less than 4.

, Section g

"I wish to study by correspondence because: u

_____.._____.._____-----

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_____ -_M

I hereby declare that what I have stated above is, to the best of my knowledge and belief,,true. I agree to dedicate myself to my studies, commit myself to at least 10 hours a week of studies; and abide by the rules and regulations of Adult Education\Distance Education Programme.

Signature of Applicant: (

Signature of Head of Dept;

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For Official Use Only

1 Level of agucation: Year:

2 Subjects approved and level: (a)

3 Name and Address of Corresponce College:

M

W

4 Date of Registration: .