

Calvary University 1 ST. YEAR.

Student Registration

Payment Record

Provided upon first registration:
always refer to this number

CU student number:

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CAP student number:

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This is a record of registration and payment made into the following account:

I hereby indicate my decision that I wish to be registered as a student at **Calvary University**. I am familiar with the possibilities of studying in a specific direction with a study group as required by CU and am satisfied with these arrangements. I realise that no study group, Centre or Higher Institution represents Calvary University. Assistance given is offered to me as a private individual.

(These names without a title will appear on the certificate)

Student full ID Names: _____

(Surname, name on cert.)

Student Surname: _____

Title: _____

Identification No.: _____

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(ID/Passport)

Postal Address: _____

Town & Country: _____

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Postal Code

My highest qualification is: _____

Programme registering for: _____

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Centre Name & Code: _____

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Tutor Name & Code: _____

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Registration Fee Paid: R 250-00 fixed by agreement

Student personal e-mail: _____ @ _____

Student Cell/Tel numbers : (_____) _____

Completed by (Print name):

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Signed: Date

NB: This is a payment record for a Calvary University programme. This document must be faxed to the CU fax no when payment is made.