

KUSHINGA PHIKELELA POLYTECHNIC APPLICATION FORM

Details of Course Applied for in Order of Preference (Course preferred) *		
1		2
		3
*You will be considered for either second or third choice in the event that you fail to enrol in your first choice class		
Person(s) or Organisation Responsible for Paying Your Fees		
Name (Surname First)		Permanent Address
Contact Details		Relationship with Applicant

Undertaking

I, **National Identity Card Number**do hereby undertake to pay my fees on time and pledge to abide by all Kushinga Phikelela Polytechnic Rules and Regulations as well as those of the Ministry of Higher and Tertiary Education, Science & Technology Development if I am offered a place to train at Kushinga Phikelela Polytechnic.

Signed: **Date:**

Witness: **Date:**

Recommended/Not Recommended

by the Head of Department

Name, Signature and Date:

Department Stamp

Accepted/Not Accepted

by the Head of Division:

Name, Signature and Date

Divisional Stamp

For Official Use Only		
Captured by:	Signature	Date
The Registrar		
The Accountant		