



Form 8

HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA
APPLICATION FOR REGISTRATION AS A VISITING MEDICAL/DENTAL
STUDENT IN TERMS OF THE REGULATIONS PUBLISHED AS
GOVERNMENT NOTICE NO. R.652 OF 1995

NB: AN INCOMPLETE FORM WILL DELAY REGISTRATION

NB: All applications must be submitted via the local University in South Africa

A. To be completed by a teaching institution abroad where the applicant is a full-time student

I, the undersigned hereby certify that -

Mr/Mrs/Miss .....

Surname: .....

First names: .....

is registered as a medical/dental ..... (or other profession as specified) at this institution.

He or she is in his or her ..... year of study (during elective) for the degree of .....

DEAN OF THE FACULTY
OF MEDICINE/DENTISTRY
OR
REGISTRAR OF TEACHING INSTITUTION

SEAL/STAMP OF ABROAD TEACHING
INSTITUTION

DATE

B. Please submit together with your application:

i. a certified copy of the applicant's passport.

FOR OFFICE USE ONLY

Received on: .....

Receipt No: .....

C. To be completed by the University in South Africa where student is to be temporarily registered

I, the undersigned hereby certify that -

Mr/Mrs/Miss .....

Surname: .....

.....

First names: .....

.....

will commence attendance of a course or courses in the ..... year of study in the faculty/school of .....

This student is enrolled for a course in (subject) ..... in a temporary capacity for a period not exceeding one academic year and not for degree purposes.

The student concerned will attend classes in the Department of ..... at this University from the ..... (day) ..... (month) 200..... to ..... (day) ..... (month) 200...

DEAN/REGISTRAR

DATE