

UNIVERSITY OF CAPE TOWN REGISTRATION FORM

Student
Number

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Surname

First Names

Name of degree registering for: _____

DECLARATIONS

1. Personal information

I have checked and updated my personal information on the self-service and confirm that it is correct. Where I could not update a field, I undertake to report this to the Faculty Office to be updated. I accept that if I do not do this I am in breach of rule G9.

2. Self-declared race

If you are a SA citizen/permanent resident, select your self-declared race group (used for national reporting purposes):

Black Coloured Indian Chinese White I choose not to declare my race

3. Fee payer email address

Please provide the email address of the person who is responsible for paying your fees (not a UCT office, even if you are on financial aid) _____

4. Conditions of registration

Without prejudice to the terms of my application for admission, I make the following declarations:

1. I will abide by the University's rules.
2. I hold myself responsible for: the payment of all fees and charges due and payable by me to UCT each year; any arrears and interest on arrears as defined in this year's fee booklet; and any costs of recovery, including attorney-and-client scale fees and/or collection commission. If I do not inform the Registrar in writing of withdrawal from studies or a course by the prescribed date(s) I will be liable for full fees even if I do not make use of UCT facilities.
3. I accept, agree and understand that: UCT may keep and process data and documents in electronic format, including the personal data supplied by me in my application form and in this registration form, and my image and fingerprints (both to be used solely for identification purposes); UCT may use and transfer such data and use such documents in electronic or other formats for UCT purposes consistent with UCT's relationship with me as a student and former student including submission of data for the National learner record data base and other returns as required by the Department of Higher Education; that UCT places records of qualifications awarded in the public domain; that UCT may process my personal information in accordance with its rules and policies for academic and administrative purposes, including disciplinary processes and that UCT may use electronically generated documents in place of the originals signed by me.
4. I waive all claims against UCT for: any damage or loss suffered while I am, or as a consequence of my being, a UCT student and/or arising out of loss or destruction of, or damage to, any property belonging to me or any other person.
5. I have not been expelled, rusticated, or excluded from any other University.
6. If I am a minor, I have the consent of my parent(s)/guardian to sign this form.
7. The information given on this form is complete and accurate.

I understand that by signing this form and returning it via email I agree to the conditions above.

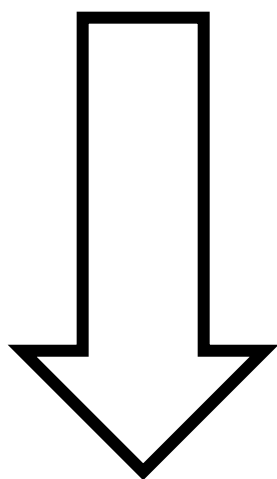
Students Signature: _____

Date: _____

Dean's Signature: _____

Date: _____

**PLEASE SCROLL DOWN TO
COMPLETE YOUR CURRICULUM
FORM**





FACULTY OF ENGINEERING & THE BUILT ENVIRONMENT
2023 Postgraduate Curriculum Form:
PhD MECHANICAL ENGINEERING

SECTION A: TO BE COMPLETED BY STUDENT IN FULL

IMPORTANT INFORMATION:

- (i) The official UCT email address is used for emailing students. Please ensure that you set an auto-forward if you are not making regular use of the UCT email address (<https://uctgwacc.uct.ac.za/gw/webacc>);
- (ii) Logon regularly to the Student Administration Self-Service <http://www.uct.ac.za/students/postgraduates/administration/> to check that all your records are up to date i.e. contact details, course registration record, fee account etc. Report any anomalies to the Postgraduate Officer in the Faculty Office immediately.
- (iii) Registrations of Research Masters and Doctoral candidates will not be approved if they have not completed either the complete MoU in respect of new students or the Annual Supplement of the MoU in respect of returning students. (www.ebe.uct.ac.za > *Applying to EBE > Postgraduate > Memorandum of Understanding*)

Student No											PSoft ID										
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Surname																					
First Name/s																					
Date of Birth																					DD / MM / YYYY

In which year do you expect to graduate	
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Name of Main Supervisor:		Dept:	
Name of Co-Supervisor:		Dept:	

Term Address																																							
Telephone Nos.	Home																				Mobile																		
Email																																							

Provisional Thesis Title																			
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PhD candidates: Have you completed and attached a Memorandum of Understanding? YES/NO	
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If you have submitted your dissertation/thesis for examination please enter the date:	
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If you intend submitting your dissertation/thesis for examination during the first semester of this year, please indicate the date:	
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Registration Date						2	0	2	3	DD / MM / 2023
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BY SIGNING BELOW I ACCEPT THAT:

It is my responsibility to ensure the accuracy of the information and that I fulfil the curriculum requirements for the degree. It is my responsibility to check that I am correctly registered on PeopleSoft within 24 hours and to report discrepancies to the Faculty Office.

The default mode for the release of results is via the student self-service. I undertake to check my academic record and fee account regularly and to report any anomalies to the Faculty Office.

Student's signature	Dean's / Authorised Signature
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SECTION B: TO BE COMPLETED BY FACULTY OFFICE STAFF

Year				Programme Code					Plan Code		
2	0	2	3	E	D	0	0	1	MEC	0	

R2000 Late Registration Penalty		1st Semester Registration		2nd Semester Registration	
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Applicant	Returner	Identity Checked?	Y	N	Captured by		Date:	
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