

POSTGRADUATE REGISTRATION FORM

NB: Please fill the form in capital letters

SECTION A: Personal information

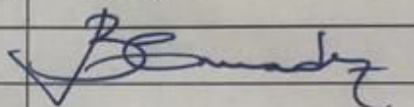
Student ID: 16100706 Omang/Passport Number: 113128319 Date of birth: 1/12/1992
 Programme of study: PhD Physics Semester: 1 Year of Study: 1
 Faculty: Faculty of Sciences
 Type of study: Full Time Part Time
 Surname: Dube First names: Phindani Middle name(s): _____
 Gender: Male Female
 Postal address: P O BOX 676 LOBATSE
 Email: _____
 Contact number(s): Cell 1: 26774475151 Cell 2: _____ Country of citizenship: BOTSWANA


SECTION B: Next of kin details

Surname: NXUMALO First names: MXOLISI Relationship: Spouse
 Mailing address: P O BOX 676 LOBATSE Email: _____
 Contact number(s): Cell 1: 26776389692 Cell 2: _____ Landline: _____

SECTION C: Modules offered

Please write the modules that you wish to undertake. Note that you will have to get approval from your Academic Adviser

Module code	Module description	Credits	Comments
PHYS 700	PhD Thesis Research in Physics	15	

Total credits enrolled for: 15
 Academic Advisor: Name: DR C. MUIVA Signature:  Date: 21/9/2020

SECTION D: Sponsorship details

Name of sponsor: SELF Contact address of sponsor: 26774475151
 Receipt Number: _____ Amount Paid: _____
 Student Signature: _____ Date: _____

FOR OFFICIAL USE

Post Graduate Office: Received by: Moolakw Signature: _____

