

### UNIVERSITY

PO Box 77000, Nelson Mandela University, Port Elizabeth, 6031, South Africa mandela.ac.za

## **APPLICATION FOR RECOGNITION OF MODULE CREDITS**

### PERSONAL DETAILS OF APPLICANT

STUDENT NUMBER	NAME OF DEGREE/DIPLOMA		
SURNAME	FULL NAMES		
STUDY ADDRESS	CONTACT DETAILS		
	Tel. nr. (home)		
	Tel. nr. (work)		
	Cell		
Code:	E-mail:		
PARTICULARS OF MOI	DULE(S)FOR OFFICE USE		

# **PARTICULARS OF MODULE(S)**

Name of module passed at another institution	Name of Nelson Mandela University module to be recognised for credit	Nelson Mandela University module code	HOD Signature	Yes/ No*

#### IS THIS THE FINAL MODULE(S) TOWARDS YOUR QUALIFICATION? YES

Student signature: .....

Date: .....

NO

PLEASE INCLUDE:

ORIGINAL ACADEMIC RECORD(S) / RESULT STATEMENT showing proof of modules passed. 1.

SYLLABI in case of modules passed at another institution e.g. University. 2. 3.

**RECEIPT** for module credit fee - payable at Cashier (only applicable if modules were passed at another institution) **Not refundable – irrespective of the outcome of the application**.

Students registered at the University should continue attending classes while awaiting the outcome of the application. 4.

FOR OFFICE USE

Captured:		Student Notified:			
Initial:	Date:	Initial:	Date:		
*Reason for non-approval of request for recognition of module credit application (HOD to					
<i>complete</i> )					
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