NELSON MANDELA
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 |
| Code: | Tel. nr. (home)<br>Tel. nr. (work)<br>Cell<br>E-mail: |

## PARTICULARS OF MODULE(S) FOR OFFICE USE

| 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 | NO |
|---|---|---|

**Student signature**: …….. **Date**: ……..

**PLEASE INCLUDE:**

1. **ORIGINAL ACADEMIC RECORD(S) / RESULT STATEMENT** showing proof of modules passed.
2. **SYLLABI** in case of modules passed at another institution e.g. University.
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**.
4. Students registered at the University should **continue attending** classes while awaiting the outcome of the application.

## FOR OFFICE USE

| Captured: | Student Notified: |
|---|---|
| Initial: Date: | Initial: Date: |

*__Reason for non-approval of request for recognition of module credit application__ (*HOD to complete)*

……

……