FORM SAS 002



* APPLICATION FOR COMPLETION OF PROGRAM

1.PERSONAL DETAILS		Student ID N	umber:		
Last Name:	First Name:		Middle Name:	:	Date of Birth:
Address:					
		Telephone:			
		Fax:			
		Email:			
Program:					
Program being completed:	Foundation	Cert	ificate	Diploma	Degree
2.CROSS CREDITS					
Are any of your courses towards this program cross credited?					
Yes No					
If yes, how many and which institution and what program?					
How many?					
Institution					
Program					
Note: You should have already applied for cross credits if your program includes academic work completed elsewhere. If you have already applied, you must lodge an application for cross credits with this form. This form will not be processed if you have not applied for cross credits.					
3.CURRENT COURSES					
List the courses in which you are registered to complete the above program.					
4.GRADUATION / PRESENTATION CEREMONY					
Please tick one of the following.					
I will not attend the graduation / presentation ceremony, I request that the certificate for my qualification is sent to me after the graduation / ceremony at the address above.					
I request to be awarded my certificate for my qualification in graduation / presentation ceremony and confirm that I will attend the ceremony.					