

SUBJECT CERTIFICATE APPLICATION



Student Number: _____

Name and Surname: _____

What programme am I registered for? _____

Delivery Address – Ordinary/ Registered Mail:

What subjects have I already completed?

Postal Code: _____

Telephone Number: _____

Cellphone Number: _____

I hereby request that The Learning Group send me my Subject Certificate. Please tick the boxes below as confirmation that the information below is true, correct and final.

- I hereby acknowledge that I have completed the current module and all the recommended assignments have been submitted to my tutor.
- I hereby acknowledge that my account is up to date.



Once you have completed this form we will send you your certificate!

E-mail it to:

consult@learninggroup.co.za

Sign here: _____

Date: ___/___/___