

ALUMNI APPLICATION / AMENDMENT

Application to become Alumnus

Existing Alumnus: amendment of personal particulars

(Please tick applicable box)

PERSONAL PARTICULARS

Title	
Surname	
Student Number	
Identity No	
Postal Address	
Tel No	
Cell No	
Email	

UKWAZI QUALIFICATION

QUALIFICATION	YEAR COMPLETED

EMPLOYMENT DETAILS

Name of Employer	
Position held	

I would like to make a financial contribution to a loan or bursary scheme for students of UKWAZI SCHOOL OF NURSING PTY LTD

YES

NO

Signature

Date



uKwazi
SCHOOL OF NURSING
YOUR HEALTH CARE EDUCATORS