

| | | |
|---------|-----|----|
| FLAGGED | YES | NO |
| | | |

SAF04



**UNIVERSITY OF
ZULULAND**

Private Bag X1001
KwaDlangezwa, 3886
Private Bag X1041
Richards Bay, 3900

VERIFICATION OF BIOGRAPHICAL DATA FOR INCLUSION IN THE PROGRAMME OF THE UNIVERSITY GRADUATION CEREMONY

Please note:

All candidates, eligible to graduate for a degree/diploma certificate, are hereby requested to verify biographical data for inclusion in the University programme for the graduation ceremony. **You are also reminded to settle your account in the event that you still owe the University.** Attach certified copies of **National Identity Document and Matriculation or National Senior Certificate.** Your name/s and surname will appear on the degree/diploma certificate as per the information contained on the University's Biographical Data System.

ONLY COMPLETE THIS SECTION!

| | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|
| SURNAME OF CANDIDATE | | | | | | | | | | |
| FULL NAMES | | | | | | | | | | |
| STUDENT NUMBER | | | | | | | | | | |
| DEGREE/DIPLOMA (e.g. BA, BCom) | | | | | | | | | | |
| FACULTY | | | | | | | | | | |
| POSTAL ADDRESS | | | | | | | | | | |
| EMAIL ADDRESS | | | | | | | | | | |
| CELL NO. | | | | | | | | | | |
| NEXT OF KIN TEL. NO. | | | | | | | | | | |
| DO YOU HAVE A FULL MATRIC EXEMPTION/NSC ENDORSEMENT? | | | | | | | | | | |

DECLARATION : I DECLARE THAT THE INFORMATION ABOVE IS CORRECT

NAME AND SURNAME : **DATE :**

FOR OFFICE USE

| | |
|--|--------------------------|
| CERTIFICATION OFFICER/MANAGER | |
| I HEREBY CERTIFY THAT I HAVE: | |
| A. CAPTURED THE UPDATED INFORMATION | <input type="checkbox"/> |
| B. VERIFIED THE MATRIC/NSC | <input type="checkbox"/> |
| NAME : | |
| SIGNATURE : DATE : | |

GRADUATION CHECKLIST

FOR OFFICE USE

| | YES | NO |
|---|-----|----|
| Submitted Certified Copy of Matriculation Certificate/NSC? | | |
| Submitted Certified Copy of Identity Document? | | |
| Printed and attached academic record? | | |
| Conferment of equivalent status applicable? | | |
| Courses/modules passed from other institutions included, if applicable? | | |
| VERIFIED BY ADMINISTRATIVE/FACULTY OFFICER: | | |
| NAME | | |
| SIGNATURE | | |
| DATE | | |

THIS SECTION MUST BE COMPLETED BY THE FACULTY

| | YES | NO |
|--|-----|----|
| Student complies with all requirements of degree/diploma and qualifies to graduate | | |
| Indicate if student passes with Pass, Merit or Distinction? | | |
| NAME OF ACADEMIC HOD | | |
| SIGNATURE | | |
| DATE | | |
| NAME OF DEAN | | |
| SIGNATURE | | |
| DATE | | |
| FACULTY STAMP | | |