



PLEASE AFFIX A RECENT PHOTO OF YOURSELF HERE

DEPARTMENT OF ACCOUNTING

HONOURS/MASTERS DEGREE IN STRATEGIC COST MANAGEMENT

PLEASE NOTE:

1. The Degree is open to graduates from any university recognised by the Senate.

POST TO: MRS WALEDA SALIE
Department of Accounting
University of Cape Town
Private Bag, Rondebosch 7701

Please indicate your intended year of registration:

Empty box for registration year

Surname: _____

First Name/s: _____

Date of Birth: _____ Gender: _____

Nationality: _____

Home Address: _____ Term Address: _____

Postal Code: _____ Postal Code: _____

Tel: () _____ Tel: () _____

Cell: _____ Cell: _____

Email: _____

Until what date can you be reached here? _____

EDUCATIONAL EXPERIENCE

1. UNDERGRADUATE DEGREE

Table with 4 columns: Name of Educational Institution, Qualification Received, Years attended, Year received

2. POST-GRADUATE ACADEMIC QUALIFICATION

Table with 2 columns: Qualification Received, Year

3. PROFESSIONAL QUALIFICATION

Table with 2 columns: Qualification Received, Year

CURRENT POSITION

Present Position:	How long have you held this position?
Company Name:	
Briefly describe your present position indicating practical involvement in cost management and/or management accounting:	

PREVIOUS POSITIONS (Past five years)

Year	Company Name & Position	Main Responsibilities	Reason for Leaving

In what ways do you feel the programme will help you fulfil your plans for the future?

Submit names and addresses of two referees: These may be approached for a verbal or written report on your suitability as a candidate:

Name: _____

Position: _____

Address: Telephone:

Name: _____

Position: _____

Address: Telephone:

Describe any outstanding achievements, academic, sporting or other:

How were you informed of this programme?:

Any other matter you wish to bring to our attention?:

Applicants may be required to write an entrance examination, the results of which will be one of the inputs into the selection process.

SIGNATURE: DATE: