



STUDENT ADMINISTRATIVE SYSTEMS

VARSITE STUDENT SYSTEM REGISTRATION FORM

INITIALS AND SURNAME *	
STAFF NUMBER *	
TELEPHONE NUMBER	
DATE OF BIRTH	
DEPARTMENT *	
CAMPUS *	
DEPARTMENT/SCHOOL CODE: OE CODE *	
E-MAIL ADDRESS *	

ACCESS REQUIRED for Sub-system/s e.g. Student Records/Student Fees, etc.:

Please provide an explanation of the type of access required, e.g. Reading or Writing access:

DATE:

SIGNATURE APPLICANT:

SIGNATURE DIRECTOR:

OFFICE USE ONLY

Captured by:

Date:

Page 2: only for access to Marks Processing System:

Select ONE of the 3:

List the Module groups for which access are required

Select only, if it includes all the modules within the module group/s

OR

Stipulate the Specific Mole codes (eg: ALDE 121) and Method of Delivery (eg Fulltime, Part-time)

Receipt of VSS Registration form will be confirmed via e-mail. Please allow 3 working days for the processing there-of.

