

DECLARATION OF EMPLOYMENT

STUDENT INFORMATION

NAME:

EMAIL:

EMPLOYMENT INFORMATION

DESCRIPTION OF EMPLOYMENT/NAME OF EMPLOYER (at anticipated time of admission and for the duration of your programme):

IF ACCEPTED, DO YOU PLAN TO WORK: YES NO

IF SO, FULL-TIME PART-TIME

TOTAL NUMBER OF HOURS _____ PER WEEK

DO YOU WANT TO BE CONSIDERED FOR A HALF TA OR SCHOLARSHIP COMPETITIONS?

(only students not working or those working part-time [maximum of 10 hrs. per week] will be considered)

YES NO

I AGREE TO INFORM THE OFFICE OF THE ASSOCIATE DEAN OF GRADUATE STUDIES (HEALTH SCIENCES), MY SUPERVISOR, AND THE PROGRAMME COORDINATOR OF ANY CHANGES IN MY HOURS OF WORK.

DATE

SIGNATURE