



Sefako Makgatho Health Sciences University
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SEFAKO MAKGATHO HEALTH SCIENCES UNIVERSITY
NOMINATION FOR APPOINTMENT AS MEMBER OF COUNCIL

This document must be completed by the nominee/applicant for the position of Member of Council.

Nominated by _____ ID number _____			
1	NAME OF NOMINEE/APPLICANT		
2	FIELD OF EXPERTISE		
		Qualification description	Obtained from which institution
3	ACADEMIC QUALIFICATION/S	1. 2. 3. 4.	1. 2. 3. 4.
ACCEPTANCE OF NOMINATION			
I, _____ with ID number, _____ accept the nomination of member of council of Sefako Makgatho Health Sciences University.			
			_____ Signature

PLEASE ATTACHED RELATED DOCUMENTS	
1	Curriculum Vitae
2	Proof of academic qualifications.
3	Postal Address (FICA requirements)
4	Home Address (FICA requirements)
5	Certified copy of your ID document

REF: COUNCIL NOMINATION /HJC/FEB2015

Members of the Interim Council:

Professor O Shisana (Chairperson), Ms Sizeni Angel Mchunu, Mr Paul Slack, Dr N Simelela, Professor A M Segone

,
Dr E van Staden