

# UNIVERSITY OF THE WESTERN CAPE

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## Postgraduate Registration Form

Academic Year 2026

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<b>Surname:</b>	Khumalo
<b>First Name(s):</b>	Naledi
<b>Student Number:</b>	3892456
<b>ID / Passport Number:</b>	98XXXXX5089XXX
<b>Programme:</b>	MSc Data Science
<b>Faculty:</b>	Natural Sciences
<b>Department:</b>	Computer Science
<b>Year of Study:</b>	2 (second year)
<b>Primary Supervisor:</b>	Dr. James Nkosi
<b>Co-Supervisor:</b>	Prof. Sarah van der Berg
<b>Registration Type:</b>	Full-time
<b>Funding Source:</b>	UWC Postgraduate Bursary
<b>Email:</b>	<a href="mailto:naledi@uwc.ac.za">naledi@uwc.ac.za</a>
<b>Contact Number:</b>	081-555-1002

### DECLARATION

I hereby declare that the information provided is true and correct. I understand that any false information may result in the cancellation of my registration. I agree to abide by the rules and regulations of the University of the Western Cape.

Student Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/2026

Supervisor Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/2026