

Lesotho Students Association

University of Johannesburg



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5-Apr-21

		GENDER:	[Male / Female / Other]
NAME:			
STUDENT ID: PHONE NMBR:	(+266)	_	
	(+27)		
EMAIL ADRRESS	S:	_	
		COURSE DETAILS	
FACULTY:			
DEPARTMENT: COURSE:		_	
YEAR (Optional):		_	
TEATR (Optional).		_	
	7		
	1	FINACIAL STATUS	
ARE YOU SPONS	ORED BY NMDS?	[Yes / No]	