

FORM C

UNISA PRACTICAL MUSIC EXAMINATIONS

APPLICATION FOR APPROVAL OF AN ALTERNATIVE WORK

PARTICULARS OF TEACHER			
Surname and Initials			
Postal address			
		Postal code	
Tel/Cell/Mobile no			
Email			
PARTICULARS OF STUDENT			
Full names and surname			
Examination session and year			
Examination Instrument		Grade	
ALTERNATIVE WORK TO BE PRESENTED			
List			
Composition (indicate movements clearly)	Composer:		
	Title:		
Duration ¹			

SIGNATURE		DATE	
-----------	--	------	--

Please email copy of alternative work plus this application form to

adamssa@unisa.ac.za or ndalaat@unisa.ac.za

or mail to

Mr Sean Adams, Directorate Music, OR Tambo Administration Building, Room 5-35, Preller Street, PO Box 392, Unisa Main Campus, Muckleneuk Ridge, Pretoria 0003

Enquiries: Tel: 012 429 2615/2913