



Faculty of Law

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Date _____

REQUEST: TESTIMONIAL / CHARACTERISATION:

Please indicate clearly:

TYPE OF APPLICATION:	Characterization		Testimonial	
LANGUAGE:	Afrikaans		English	
APPLICATION FOR:	Attorney		Advocate	
METHOD OF COLLECTION:	Self-collect		Email	

MOTIVATION FOR APPLICATION:

NAME AND SURNAME _____

Student no _____ Qualification _____

Year of studies completed _____ Year group if not yet completed _____

Cell _____

Email _____

PLEASE NOTE: THE ISSUE OF THIS TESTIMONIAL/CHARACTERISATION CAN TAKE UP TO TWO (2) WEEKS TO BE PREPARED.

*** For office use only**

Studies completed confirmation	
When was degree received/presented	
Academic record (behavior form)	