



**SECTION A: Personal Details**

Mr/Mrs/Miss/Dr/Prof  Surname

Initials  First Name(s)

Maiden Name (if applicable)

Date of Birth  I.D. Number (SA Identity No. only)

Gender/Race  Black  White  Coloured  Indian  Other

Marital Status  Single  Married  Divorced  Widowed

Home Language  Religion

SA Citizen  If No, Citizenship

Passport No.  Study Permit No.

Study Permit Expiry Date  Occupation

Postal Address

Postal Code

Province (if residing in SA)

Telephone No. Int. Code  Number

Mobile (Cellular) No. Int. Code  Number

Physical Address (Street or Administrative Area – NOT P.O. Box)

Account Addressee: (Complete in full for person responsible for payment of fees)

Mr/Mrs/Miss/Dr/Prof  Surname

Initials  First Name(s)

Physical Address

Postal Code

Occupation  Employer

Telephone No. Int. Code  Number

Mobile (Cellular) No. Int. Code  Number

Please attach certified copy of identity document

**SECTION B: Next of Kin Details (Parent or Guardian)**

Relationship  Parent  Guardian

Initials  Surname

Date of Birth  I.D. Number (SA Identity No. only)

Physical Address

Postal Code

Telephone No. (H) Int. Code  Number

Telephone No. (W) Int. Code  Number

Mobile (Cellular) No. Int. Code  Number

E-Mail

**SECTION C: Current Activity**

University  Teacher's Colledge  Nursing Colledge  Technikon  Working  Grade 12  Other

If Other, specify



**SECTION G: Application for Recognition or Exemption of Subject**

Do you Wish to Apply for Exemption of Subjects/Courses?

If yes, please obtain and complete the Exemption Form from Student Enquiries.

**SECTION H: Declaration by Prospective Student**

1. If my application is successful, I undertake to:
  - a) Comply with the rules and regulations of the University
  - b) Inform the Registrar immediately in writing of any change of address
  - c) Acquaint myself with the rules and general regulations relating to the programme in which I am admitted
2. I am fully aware that the University is under no obligation to provide me either with financial assistance or accommodation
3. I acknowledge that all fees have been determined by the Council of the University
4. I agree that the relevant fees will be paid as indicated in the Prospectus of the University by the due date. If such fees are not paid, I acknowledge the rights of the University to cancel my registration at any time and to demand payment of the amounts owing by me and/or my parent/guardian
5. I declare that all particulars given by me on this application form are true and correct
6. I agree that any misrepresentation due to the information provided on this form or the withholding of information shall cause this application to become null and void at the discretion of the University without prejudice to its rights
7. Should I, during the course of my studies at the University, sustain any injuries or contract any illness or suffer any loss or damages, I hereby undertake not to institute any claim against the University on account thereof, irrespective of the cause of such damage or loss. In the event of my death during the course of studies, this undertaking shall be binding on the executor of my estate and my heirs and successors-in-title. Under the circumstances referred to above, I or my executor, administrator, heirs and successors-in-title, hereby indemnify the University in respect of any damages suffered by me arising from any causes referred to above

Signature of Student

Date

**SECTION I: Declaration by Prospective Student**

I, (full names) \_\_\_\_\_ hereby grant permission for the declaration and undertaking made by the applicant, and I accept joint and several liability as co-principal debtor with the applicant for the payment of all fees due by him/her to the University.

Signature

Date

# Application for Admission for Residence for the Year 20\_\_

## Preferred Campus

Mthatha  Butterworth  Buffalo City

## Applicant's Particulars

Mr/Mrs/Miss/Dr/Prof  Surname

Initials  First Name(s)

Date of Birth  I.D. Number (SA Identity No. only)

Date of Application  Student Number

SA Citizen  If No, Citizenship

Passport No.  Study Permit No.

Study Permit Expiry Date  Occupation

Postal Address

Postal Code

Province (if residing in SA)

Telephone No. Int. Code  Number

Mobile (Cellular) No. Int. Code  Number

Physical Address (Street or Administrative Area – NOT P.O. Box)

Email Address

## Guardian or Parent's Particulars

Relationship Parent  Guardian

Initials  Surname

Date of Birth  I.D. Number (SA Identity No. only)

Physical Address

Postal Code

Telephone No. (H) Int. Code  Number

Telephone No. (W) Int. Code  Number

Mobile (Cellular) No. Int. Code  Number

E-Mail

## Academic Information

Proposed Course of Study (e.g. B.Compt, ND: IT, MBCH, etc.)

