

APPLICATION FORM FOR ADMISSION INTO UNDERGRADUATE PROGRAMMES

Read the instructions on the INFORMATION SHEET before filling this form.

	CHOICE OF PROGRAMME IN ORDER OF PREFERENCE						
1	State what you are applying for at this University						
T	1 st Choice						
	2 nd Choice						
	3 rd Choice						

	ENTRY				
2	Beginning:	Month		Year	
	Type of Entry:	New Applicant	Re-Admission	Transfer / Exchange	

(PERSONAL DETAILS (Please use block capitals to write)
3	Title Mr Miss Mrs Ms Date of Birth Date of Birth <thdate o<="" th=""></thdate>
	Surname
	First name(s)
	National ID Number/ Passport numberCountry of citizenship
	Marital Status
	Previous Names if changed (Submit copy of proof with application)
	Surname
	First name(s)
	Place of Residence
	Extension/Kgotla/Ward/Street
	Village/Town/City
	State any major disability that require special support

	POSTAL ADDRESS / MAILING		
4	The address to which all correspondence regarding this applic	ition should be sent to	
			_
	Email.	Cell No.	

DETAILS OF NEXT OF KIN							
	Parent	Full Names					
	Guardian	Occupation					
	Spouse	Current Postal A	ddress				
		Extension/Street	Name/Ward				
		Village/Town/Ci	ty	Country			
		Telephone No.		Cell No.			
	DE	Parent Guardian	Parent Full Names Guardian Occupation Spouse Current Postal A Extension/Street Village/Town/Citent	Parent Full Names Guardian Occupation Spouse Current Postal Address Extension/Street Name/Ward Village/Town/City			

	GENERAL INFORMATION					
6	Have you attended this <i>University</i> before ? Yes No					
	If yes for what Programme?					
What was your student ID number?						
	What Year did you complete?					
If you did not complete the programme give reasons						

I	EDUCATION BACKGROUND						
	State whether full-time (ft) or part-time (pt). Sive up to a maximum of 4 most recent schools/institutior	ıs atter	ided.				
Name and Location of School/Institution	Fr	From		То		Grade	
		Month	Year	Month	Year	Ft/Pt	
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EX	AMINATIONS TO BE TAKEN OF	R WITH RESUL	ΓS ΡΕΙ	NDING
8	Nome of examination	Exami Da		Subject / Course
	Name of examination	Month	Year	Subject / Course

DETAILS OF FULL-TIME EMPLOYMENT TO DATE							
Give names and address of not more than two most recent employers. Give month and year on which work started and terminated.							
	Employer 1			Employer 2			
	Employer			Employer			
	Address			Address			
	Telephone			Telephone			
	Job title in full			Job title in full			
	Job Description			Job Description			
	From	То		From	То		

	FINANCIAL SUPPORT
10	Please, state where source of Financial assistance is expected

ON-CAMPUS ACCOMMODATION

Not	Required	

Required

Admission into the *University* does not guarantee accommodation. As soon as you recieve the letter of admission, do submit an application fot accommodation to the Student wellfare Officer

DECLA	RATION	BY AP	PLICANT

I declare that all the above information is true and correct to the best of my knowledge and belief. I am aware that the *University* reserves the right to reject any application and or withdraw any offer of admission should all or part of the above information be found to be untrue and or incorrect, or if an offer was erroneously made. I agree that if I am accepted at the *University*, I shall be under disciplinary control of the *University* authorities and I undertake to acquaint myself with, and to conform to the rules and regulations of the *University*. I also declare that I have read and retained instructions and information leaflet that was attached to this form.

Full names of app	icant												
					D	D	М	М	Y	Y	Y	Y	
Signature				Date									

	FOR OFFICIAL USE ONLY									
13	Checked	Receip	pt No							
	Signature	Date	D	D	M	М	Y	Y	Y	Y
	Designation									
	Admissions Status	_								
	Admitted Rejected									
	Programme offered									