 2017

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student Application Form**

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**Under - Graduate**

**Post - Graduate**

The Registrar Academic

Tel : 012 521 4111/4979/3357

Fax : 012 521 5732

PO Box 60, Medunsa, 0204

 **STUDENT APPLICATION FORM**

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| **R 200 (TWO HUNDRED RAND) NON REFUNDABLE APPLICATION FEE MUST BE PAID AND THE DEPOSIT SLIP ATTACHED TO THE APPLICATION FORM UPON SUBMISSION** |
| **BANKING DETAILS** |
| **Bank :** | **Standard Bank** | **Account Holder :**  | **Sefako Makgatho Health Sciences University** |
| **Branch :** | **Thibault Square** | **Branch Number :** | **020909** |
| **Account Number :**  | **071 244 395** |
| **Reference:** | **YOUR ID NUMBER** |

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| --- | --- | --- |
|  | **Student Number** | **Academic Year** |
| *For Office Use* | **2017** |
| **A.** | **ACADEMIC DETAILS** |
| 1. | Qualifications you intend to follow (e.g. MBChB, B.Sc.) |
| Degree / Diploma | Study Level |  |
| 1st Choice |  |  | *For office use* |
| 2nd Choice |  |  | *For office use* |
| 2. | Mode of Study | Full Time |  | *For office use* | Part Time |  | *For office use* | Block Release |  | *For office use* |

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| **B.** | **PERSONAL DETAILS OF APPLICANT** |
| 3. | Title |  | 4. | Initials |  | 5. | Surname |  |
| 6. | MaidenName |  | 7. | FullNames |  |
| 8. | Identity Number (RSA) |  | 9. | Date of Birth |  |
| 10. | PassportNumber(InternationalStudents) |  | 11. | PassportExpiryDate |  |

** STUDENT APPLICATION FORM**

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| **B.** | **PERSONAL DETAILS OF APPLICANT (cont.)** |
| 12. | Marital Status |  | 13. | Gender | Female | Male |
| 14. | Home Language / Mother Tongue |  | 15. | Religion / ChurchAffiliation |  |
| 16. | Occupation |  | 17. | PhysicalImpairment(e.g. blind) |  |
| 18. | Residential orPhysical Address(not school address) |  |
|  | Code |  |
| 19. | PostalAddress |  |
|  |  | Code |  |
| 20. | Telephone No. |  | Fax No. |  |
| Cell No. |  | Email |  |

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| **C.** | **DETAILS / HEMIS (These Stats are Compulsory)** |
| 21. | Citizenship / Nationality |  | 22. | EthnicGroup / Race |  |
| 23. | Province / State |  | 24. | Rural / Urban / Peri-Urban |  |

** STUDENT APPLICATION FORM**

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| **D.** | **MATRICULATION DETAILS** |
| 25. | Examination Date |  | 26. | Highest Grade(standard if Applicable) |  | *For office use* |
| 27. | ExaminationNo. |  | *For office use* |
| 28. | Senior CertificateType |  | *For office use* |
| 29. | School Name |  | *For office use* |
| 30. | Examination Department(e.g. Gauteng, etc.) |  |
| 31. | Last Examination | DecemberGrade 11 |  | June Grade 12 |  | December Grade 12 |  |
| 32. | Subjects and results of lastexamination | Subject | Code | Symbol/Level |
|  | *For office use* |  |
|  | *For office use* |  |
|  | *For office use* |  |
|  | *For office use* |  |
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|  | *For office use* |  |
|  | *For office use* |  |
|  | *For office use* |  |

** STUDENT APPLICATION FORM**

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| **E.** | **POST SCHOOL ACADEMIC ACTIVITIES** |
| 33. | Were you previously registered at this or another institution of higher learning? If yes, please supply the following information : | YES |  | NO |  |
| Institution | StudentNumber | PeriodFrom - To | Was the qualification completed? | If YES,When (year)? |
|  |  |  | Yes |  | No |  |  |
|  |  |  | Yes |  | No |  |
| 34. | If you have not been at institutions of higher learning after matriculating, what activities have you been engaged in? |  |
| 35. | Have you previously been excluded from any institution of higher learning? If yes, supply the following information | YES |  | NO |  |
| Name of Institution |  | *For office use* |
| Qualification excluded from |  | *For office use* |
| Date and period of exclusion | Date |  | Period |  | *For office use* |
| Grounds for exclusion (academic, financialor disciplinary) |  | *For office use* |

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| **F.** | **RESIDENTIAL APPLICATION (OPTIONAL)** |
| 36. | Would you like accommodation on campus | YES |  | NO |  |
| Student housing with catering | YES |  | NO |  |

**Please Note that accommodation on campus is not guaranteed**

** STUDENT APPLICATION FORM**

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| **G.** | **FINANCIAL AID (OPTIONAL)** |
| 37. | Do you require and qualify for financial assistance | YES |  | NO |  |

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| --- | --- |
| **H.** | **PARTICULARS OF PARENTS/GUARDIAN/ SPOUSE/ NEXT OF KIN** |
| 38. | Title |  | Initials |  | Surname |  | Relationship |  |
| 39. | Residential Address(not postal address) |  |
|  | Code |  |
| 40. | Postal address |  |
|  | Code |  |
| 41. | Please specify which address you wantFinancial statements to be sent to |  |
| 42. | Contact Numbers | Work |  | Home |  | Cell phone |  |
| 43. | Is your parent/guardian or spouse a staff member of Sefako Makgatho Health Sciences University? | YES |  | NO |  |
| If yes, indicate his/her staff number |  |
| 44. | Are you a staff member of Sefako Makgatho Health Sciences University? | YES |  | NO |  | StaffNo. |  |

** STUDENT APPLICATION FORM**

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| **I.** | **DECLARATION** |
|  | **I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (full names) hereby declare that :*** **All the information provided in this document is true and that I will abide with all the rules and regulations of Sefako Makgatho Health Sciences University;**
* **I have concluded this agreement with the knowledge and consent of my parents/guardian/spouse or next of kin;**
* **I undertake to notify the Registrar in writing, if I wish to cancel my registration during the current academic semester/year and I acknowledge that I am liable for fees payable for the respective semester/year.**
 |

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| **Signed at\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on the \_\_\_\_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20…….****Signature of Applicant : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Signature of Parents/Guardian/Spouse : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

** STUDENT APPLICATION FORM**

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| **FOR OFFICE USE** |
| **Documents to accompany the Application Form****(attach only those that are applicable to you)** |
| **Matric Certificate** |  | **Certificate of Conduct** |  |
| **Degree Certificate** |  | **SAQA Evaluation** |  |
| **Diploma Certificate** |  | **Identity Document / Passport** |  |
| **Academic Transcript** |  | **School Results** |  |
| **Two ID/Passport Photos** |  | **Marriage Certificate** |  |
| **Name of Officer : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Signature : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

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| **Office Stamp** |