 2017

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**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. | Maiden  Name | |  | | | | | 7. | Full  Names | | |  | |
| 8. | Identity  Number (RSA) | | |  | | | | | | 9. | | Date of  Birth |  |
| 10. | Passport  Number  (International  Students) | | |  | | | | | | 11. | | Passport  Expiry  Date |  |

** 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 /  Church  Affiliation | | | | |  | | | |
| 16. | Occupation | |  | | | | | 17. | Physical  Impairment  (e.g. blind) | | | | | |  | | |
| 18. | Residential or  Physical Address  (not school address) | | | | | |  | | | | | | | | | | |
|  | | | | | | | | | | Code | | | | |  | |
| 19. | Postal  Address |  | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | Code | | | | |  | |
| 20. | Telephone No. | | | |  | | | | | Fax No. | | |  | | | | |
| Cell No. | | | |  | | | | | Email | | |  | | | | |

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| **C.** | **DETAILS / HEMIS (These Stats are Compulsory)** | | | | |
| 21. | Citizenship /  Nationality |  | 22. | Ethnic  Group / 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. | Examination  No. |  | | | | | | | | | | | | *For office use* |
| 28. | Senior Certificate  Type | | |  | | | | | | | | | | *For office use* |
| 29. | School Name | | |  | | | | | | | | | | *For office use* |
| 30. | Examination Department  (e.g. Gauteng, etc.) | | | | |  | | | | | | | | |
| 31. | Last  Examination | | December  Grade 11 | |  | | June  Grade 12 | | |  | December  Grade 12 | |  |
| 32. | Subjects and  results of last  examination | | Subject | | | | | | Code | | | | | Symbol/Level |
|  | | | | | | *For office use* | | | | |  |
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** 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 | Student  Number | Period  From - 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, financial  or 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 want  Financial 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 | | |  | | | | | Staff  No. | |  | | | | |

** 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** |