

INITIALS:

TITLE:

COURSE:

1st CHOICE _____

2nd CHOICE _____

Please note: you will only be considered for your 2nd choice if you have not been selected for your 1st choice.

Have you been registered at this Univeristy before? Yes No if yes, give student number below _____

Indicate how you want to attend lectures: Day classes Evening classes

IMPORTANT INFORMATION

General:

It is in your interest to submit the application forms as soon as possible and not to wait until the closing date for applications.

If you were registered at the University of Zululand for the previous academic year or part thereof you need not complete this form again.

Block letters and black ink must be used for completing this form.

Applicants in need of accommodation must also complete this form.

The processing of your application will be delayed if you fail to complete this form in full, or if you fail to attach all the required documents, or if you fail to enclose the deposit slip for the administration fee, or if your application reaches the university after the relevant closing date.

The Univeristy must be notified immediately of any changes of address after the submission of this application.

The reference number allocated to you must be quoted in all future correspondence.

Documents:

Certified copies of the following documents must accompany each application:

Identity document

Senior certificate, diplomas or degrees

An academic record in respect of studies at another tertiary institution

Recognition and exemption of subjects

If you have already obtained credit(s) for a course and/or subjects at another higher education institution, you could possibly qualify for recognition of those subjects. Credits obtained elsewhere may be recognized upon submission of an academic transcript thereof.

Postal Address

The Registrar
Private Bag X1001
KWADLANGEZWA
3886
Tel: 035 902 6030

PERSONAL DETAILS

First name (s)

Maiden name

Date of birth

Identity number

Marital status Single Married Divorced Widow (er)

Gender Male Female

HOME LANGUAGE

English Setswana

Zulu Venda

Afrikaans Tsonga

Xhosa Sotho

Swazi If other, specify _____

CITIZENSHIP

If you are NOT a South African citizen, indicate

Namibia Zambia

Zimbabwe Malawi

Swaziland Angola

Botswana Lesotho

Mozambique If other, specify _____

Study permit number

Expiry date

ACTIVITIES LAST YEAR

University Student

FET College Student

Grade 12 Pupil

National Service

Unemployed

If other, specify _____

Cell number

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SCHOLASTIC

Grade Passed

Grade 11

Grade 12

Date of final senior certificate examination

Year

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Month

--	--

Examination number

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Type of Certificate

Full Exemption

Ordinary conditional exemption

Exemption on grounds of age

Foreigners'conditional exemption

N3

Other Senior Certificate

Name of school attended

Province

PREVIOUS AND CURRENT TERTIARY STUDIES

Student Number	Institution	Name of degree/diploma	Completed?	Date on which completed

POPULATION GROUP

White

Black

Coloured

Indian

If other, specify

FINANCIAL ASSISTANCE / RESIDENCES

Are you applying for the following? (Mark X where applicable)

Financial Assistance

Yes	No
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Accommodation

Yes	No
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EXTRA-MURAL ACTIVITIES

Mark with an X the sport codes that you participated in, your leadership position (s) held (if any) and the cultural activities that you participated in:

Sport

Athletics	<input type="checkbox"/>
Cricket	<input type="checkbox"/>
Golf	<input type="checkbox"/>
Soccer	<input type="checkbox"/>
Rugby	<input type="checkbox"/>
Swimming	<input type="checkbox"/>

If other, specify _____

Leadership

Class Captain	<input type="checkbox"/>
Head Prefect	<input type="checkbox"/>
Library Prefect	<input type="checkbox"/>
Sport Captain	<input type="checkbox"/>

If other, specify _____

Cultural

Choir	<input type="checkbox"/>
Debating	<input type="checkbox"/>

If other, specify _____

CHECK LIST

Check off

- Did you fill in the name of the field of study you are applying for?
- If previous study at other institution, is academic record attached?
- If you are under 21 yrs of age, did your parents/guardian sign this form?
- Did you enclose a deposit slip of R150? (R300 for late applications)
- If already matriculated, did you attach a copy of your senior certificate?
- Certified copy of your ID/passport attached?

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

DECLARATION AND UNDERTAKING

I, (first name and surname)

herewith undertake, if registered, to adhere to the rules and regulations of the University of

Zululand as published from time to time.

I hereby declare that the information provided on this form is, to the best of my knowledge, true.

I am aware that deviation from the rules and/or the submission of false information may render this application invalid and/or render me liable to disciplinary action.

Signature of applicant

Date

Signature of parent, if applicant is under 21 yrs old

Date

APPLICATION FOR CONFERMENT OF EQUIVALENT STATUS

PERSONAL PARTICULARS

1. UZ Student No _____
2. Surname _____
3. Full Name(s): _____
4. Identity Number _____

ACADEMIC QUALIFICATION (S)

1. Matriculation certificate _____
2. Degree (s) obtained for which conferment of equivalent status is sought:

University where qualification was obtained _____

Year obtained _____

Major subjects

PROPOSED DEGREE

Department _____

I hereby certify that the particulars furnished above are true and correct.

Signature of applicant _____

FOR OFFICE USE

Accountant: _____

Date _____

Recommended by Faculty Board: _____

Date _____

Approved by Senate _____

Date _____

Approval noted on record _____

Date _____

NB: This form must be accompanied with the deposit slip of R38-00