

Student Number					

FOR OFFICE USE

UNIVERSITY OF ZULULAND

VISION

The University of Zululand will be the leading, rural-based, comprehensive university providing quality career-focused undergraduate and postgraduate education, including research in the social and natural sciences, in partnership with the local and global community.

OUR MISSION

To provide access to students from diverse backgrounds to an enabling and caring learning and teaching environment.

To offer relevant programmes that are responsive to the development needs of society.

To generate knowledge through research and disseminate it through publications, teaching and development, in partnership with the community.

APPLICATION FOR ADMISSION

THE CLOSING DATES FOR APPLICATIONS ARE AS FOLLOWS:

- 1. 30 September for Nursing Science
- 2. 31 October for all other programmes
- 3. A non-refundable administration fee of R150 for timeous application, together with certified copies of your identity document, Senior Certificate and all other relevant documents, must accompany the application form.
- 4. Late applications will only be considered if space is available and if proof of payment of a non-refundable administration fee of R300 accompanies the form.

The administration fee must be made out to the University of Zululand and must be deposited as follows: ABSA BANK

ACCOUNT NUMBER: 188 00000 35 BRANCH CODE: 33-41-30

In the reference column, please fill in the following reference number: 2510-6035 Enclose the deposit slip with the application form. Please refer to the information on the reverse side of this page.

SURNAME:									

INITIALS:		TITLE:	
COURSE:			
1st CHOICE			
2nd CHOICE			
Please note:	you will only be considered for you your 1st choice.	r 2nd choice if you have no	t been selected for
Have you been registe	red at this Univeristy before?	Yes	No if yes, give student number b
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 University 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	d d m m y e a r
Identity number	
Marital status	Single Married Divorced Widow (er)
Gender	Male Female
	HOME LANGUAGE
	HOME LANGUAGE
English Zulu Afrikaans Xhosa Swazi	Setswana Venda Tsonga Sotho If other, specify
	CITIZENSHIP
If you are NOT a S Namibia Zimbabwe Swaziland Botswana Mozambique	outh African citizen, indicate Zambia Malawi Angola Lesotho If other, specify
Study permit numb	er
Expiry date	
	ACTIVITIES LAST YEAR
University Student FET College Stude Grade 12 Pupil National Service Unemployed If other, specify	

Physical (moving, standing, grasping) Emotional (behavioural or psychological) Hearing (even with hearing aid) Intellectual (difficulties in learning) Communication (talking, listening) If other, specify

DISABILITY

ADDRESS AND CONTACT DETAILS

Postal Address																	
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Student Tel																	
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Grade Passed Grade 11]	Grad	de 12	2]	Yea		of final	l senio	or cei	tifica	te examii] Month	nation
Examination number														
Type of Certificate Full Exemption Ordinary conditional exe Exemption on grounds of Foreigners'conditional exe N3	fage													
Other Senior Certificate														-
Name of school attended	d .													-

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

Accommodation

Yes No

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	
Cricket	
Golf	
Soccer	
Rugby	
Swimming	
If other, specify	
Leadership	
Class Captain	
Head Prefect	
Library Prefect	
Sport Captain	
If other, specify	
Cultural	
Choir	
Debating	
-	
If other, specify	

CHECK LIST

Check off $\sqrt{}$

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?

DECLARATION AND UNDERTAKING

I, (first name and surname)

herewith unde	rtake, if registered,	to adhere to the ru	les 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							
	FION (S)						
1. Matriculation certificate							
2. Degree (s) obtained fo	r which conferment of equivalent status is sought:						
University where qualifica	tion 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