



APPLICATION FOR ADMISSION: POSTGRADUATE STUDIES

- Honours.....
- Advanced Diploma.....
- Postgraduate Certificate.....
- Postgraduate Diploma.....

Have you ever been registered at Sol Plaatje University? Yes No

Sol Plaatje University Student No:

LAST NAME:																																				
FIRST NAMES (in full)																																				
MAIDEN NAME (if applicable)																																				
TITLE (Mr, Ms, Miss, etc):	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	INITIALS:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Population group (required for statistical purposes) (✓) African Coloured Indian White

Home language

Are you a South African citizen? Yes No If "NO", are you a permanent resident? Yes No

If not South African citizen, state nationality

Identity number (South African) or passport number (other nationality)

DATE OF BIRTH: DD MM YY

Next of kin: (✓)

Father Mother Partner Other None

Title, initials & last name of next of kin: _____

NEXT OF KIN (PHYSICAL ADDRESS):

POSTAL CODE:

DIALING CODE:

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DIALING CODE:

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CELL:

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E-MAIL:

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TELEPHONE NUMBER:

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FAX NUMBER:

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Title, initials, last name and ID number of person responsible for fees. If self, leave blank: _____

Account address. If the same as the home postal address, leave blank: _____

ACADEMIC QUALIFICATIONS

Please give details of the last higher education institution that you attended.

University/institution _____ Student Number _____

Degree/qualification _____ Degree/qualification completed? Yes No

Year of Completion:

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All postgraduate applicants are required to submit with the application form a full official academic transcript reflecting the detailed results, including percentage marks, of all previous qualifications and the award of degree(s). Copies of degree certificates do not constitute an academic transcript.

Applicants who at the time of application are completing a degree requisite for admission, should submit all available academic results on application, with submission of the full/final academic transcript as soon as this is available.

Married women: where your previous qualifications are in your maiden name, please supply a copy of your marriage certificate for record purposes.

Have you attached your academic transcripts? (✓) Yes (if not your application cannot be considered.)

DO NOT NEGLECT TO SIGN THE DECLARATION AND AGREEMENT ON THE NEXT PAGE. THE FORM WILL BE RETURNED IF IT IS NOT SIGNED.

Signature of applicant: _____

Date: _____

DECLARATION AND AGREEMENT

I/We, the undersigned, hereby declare that:

- To the best of my/our knowledge and belief the information furnished in this application is true and correct and that if it be found to be false, and misleading in any respect, this application may be invalidated and the applicant's registration terminated; and further agree.
- That I/We accept liability for damage to University property howsoever caused by the Applicant and indemnify the University against any loss or damage howsoever caused in respect of property left at the University by the Applicant. I/We also indemnify the University against any claim whatsoever for damages howsoever caused or arising which the Applicant may sustain whilst registered as a student at the University, acknowledging that the Applicant's participation in any sporting or other activity at the University or conveyance of the Applicant in any University vehicle, shall be at the Applicant's sole and absolute risk. This indemnity shall be binding on the Applicant's Executors and Heirs.
- That I/We acknowledge that an initial payment is required by registration, unless satisfactory arrangements have been made with the University. Details of the initial payment amount will be included in future correspondence with the applicant.
- That a statement signed by the University Registrar shall represent the amount owing to the University by me/us, and further that in the event of such amount being handed over for collection I/we shall pay all legal charges incurred on the attorney and client scale.
- That I/We shall abide by all regulations of the University – and further that the applicant shall, if accepted, be under the disciplinary control of the University as from the date on which he/she commences studies as a student.

Signature of applicant: _____

Date: _____

HONOURS, POSTGRADUATE AND ADVANCED DIPLOMAS INFORMATION SHEET

IMPORTANT NOTES TO APPLICANTS

1. HAVE YOU ATTACHED AN ACADEMIC TRANSCRIPT? THE ONUS IS ON THE APPLICANT TO DO SO UNLESS YOU ARE CURRENTLY REGISTERED AT SOL PLAATJE UNIVERSITY.
2. You will be advised of the status of your application as soon as it is known.
3. Students may not be registered for an Honours degree until such a time as they have completed the requirements for an appropriate first degree.
4. In some cases, decisions can only be made after the appropriate School Board has met in December to consider final examination results for this year.

CHECK LIST

Have you enclosed the following with your application form?

1. Have you enclosed your academic transcript?
2. Have you signed the declaration on the last page of the application?

RETURN BY EMAIL TO:

postgraduates@spu.ac.za

RETURN BY FAX TO: 086 604 6711

**RETURN BY POST TO: Office of the University Registrar
(Postgraduate Studies)
Private Bag X5008
KIMBERLEY
8300**

BANKING DETAILS:

Account Holder: SOL PLAATJE UNIVERSITY

FIRST NATIONAL BANK (Kimberley)

Branch Code: 230-102

Account Number: 624-325-189-78

Swift Code: FIRNZAJJ (International Students only)

REFERENCE: APPLICANT'S ID/PASSPORT NUMBER OR SPU STUDENT NUMBER

Attach a copy of the Deposit Slip to this Application Form.

FOR OFFICE USE ONLY	Signature:	Date:
STUDENT NUMBER:		
1. Captured		
2. Form Checked		
APPLICANT SUCCESSFUL	Signature:	Date:
APPLICANT UNSUCCESSFUL	Signature:	Date: