

# OCCASIONAL STUDY UNITS MUST BE PAID IN FULL PRIOR TO COMMENCEMENT OF STUDY

Please return this application form with the appropriate documentation personally to the Faculty.

A non-refundable application fee of R100 is payable by SA citizens, R700 by international applicants.

		PLEASE	COMPLETE FO	RM IN BLOCK	LETTERS			
<b>GENERAL I</b>	NFORMATIO	N						
When do you	wish to comme	ence study?	Ĺ	/ear	Month (e.g.Dec)			
Have you eve	er applied to an	d/or been regis	tered at Wits be	efore? Yes	No			
If yes, please	quote student/	person number						
PERSONAL	DETAILS PI	ease use capit	tal letters					
Title Mr	Miss Ms	6 🗌 Other 🗌						
Last name/Su	rname							
First name				Middle name/	's			
Gender (pleas	<b>se tick.∕)</b> Fema	ile 🗌 Male		Date of birth	Day Mor	nth (e.g.Dec) Year		
CITIZENSHI	Ρ							
Are you a South African citizen?/ a permanent resident? Yes No								
South African Identity no.								
If not South Af	rican permanent	resident, state n	ationality					
Passport numb	er							
If not South Afr	rican permanent re	esident, state the	country you have	permanent reside	ence in			
Indicate your li	mmigration statu	s (where applicabl	e) Asylum Seeke	r Refuge	ee 🗌			
-	F CHANGE OI							
Name chang	e (if applicable)	)						
-			ame (if applicable	2)	Previous surna	ame (if applicable)		
Date of nam	ie change	Day Month	n (e.g.Dec)					
Descen for a	ama shanna							
Reason for r	name change							
GENERAL E	BACKGROUN	D			Marital statu	<b>IS</b> (Please tick $$ )		
Population G	r <b>oup</b> (Please tick √)	(Required for statistic	cal purposes)		Single	Divorced		
Black	Coloured		/hite Chine	se	Married Widow/er	Separated		
Religious affil	liation (Required fo	r accommodation ar	nd bursary purposes) (	 Please tick √)				
Christian	Hindu	Muslim	Jehovah's Witness	Jewish	None	Other (Please specify)		
		*				· ·		

Home Language (Please tick  $\sqrt{}$ )

Afrikaans	German		Portuguese		Setswana	Isizulu	
English	Greek		Sepedi		Siswati	Tshivenda	
Chinese	Ndebele	<u>.</u>	SeSotho		Sixhosa	Xitsonga	
French	Italian						
Other (Please							

In order for the University to provide necessary services, we need you to indicate your disability status at the time of your application. If you do not, the University cannot undertake to provide such assistance. Every reasonable attempt will be made to provide you with the assistance you may need as a result of your disability.

Disability/ Special needs	Blindness	ADD/ADHD (chronic)	Cerebral palsy		Other (Please specify)
(Please tick $$ )	Deafness	Learning disability e.g. Dyslexia	Impaired mobility		
	Partial hearing	Speech	Paraplegic		
	Partially sighted		Quadriplegic		
	r ar trainy signeed		l data i progre		

<b>PREVIOUS ACTIVITIES</b> What has been your <b>MAIN ACTIVITY</b> in the previous year? (e.g. working/student/school). (Pleas							ar? (e.g. working/student/school). (Please tick $\checkmark$ )		
	University	Colleg	ge	School		Employment		Gap Year (maximum one year after matric)	Τ

Sp	Sports Involvement: (please state in which sports you have participated if any and at what level)							
	Sport	Level (School, Club, Junior / Senior Provincial; Junior / Senior National)						
1.								
2.								

# CONTACT DETAILS (ALL DETAILS MUST BE COMPLETED)

APPLICANT'S PERSONAL DETAILS									
Physical Address									
City:		Province							
Country				Postal code					
Postal Address									
City		Province							
Country				Postal code					
	Home numbe	r		Cell nu	umber				
Contact Numbers	Business number			Fa	x				
	Email								

NEXT-OF-K	<b>N DETAILS</b>	
Mother	Father	Other

Relationship	Mother	F	Father					
Next-of-kin Surname		Next-of-	kin First nam	e				
Next-of-kin Initials		Next-of-l	kin Title					
Next-of-kin ID no.								
Next-of-kin Postal Address								
City		Province	Province					
Country				Postal code				
	Home numb	er		Cell number				
Next-of-kin								
Contact numbers	Business num	ber		Fax				
	Email							

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## CONTACT DETAILS (ALL DETAILS MUST BE COMPLETED)

# **DETAILS OF PERSON LIABLE FOR SETTLEMENT OF FEES**

Surname			First name						
Initials			Title						
ID no.									
Postal Address									
City			Province						
Country				Pos	tal code				
	Home num		Cell number						
Contact numbers	Business number			Fax					
	Email								

### ACADEMIC QUALIFICATIONS Academic history (begin with most recent qualification)

Degree / Diplome	Full-	Part- time	Dates of Registration		Dates of	Student	Institution	If foreign institution provide address
Degree / Diploma	time		From	То	Graduation	Number	institution	and country

Membership of professional bodies (attach separate sheet if necessary)								
Name of professional body	Name of qualification / title	Date awarded (YY/MM/DD)						

EMPLOYMENT DETAILS

Please provide details: (attach separate sheet if necessary)

Are you currently employed?

Yes

No No

### How many years of full-time employment will you have completed by the end of this year?

NAME OF COMPANY / EMPLOYER	JOB TITLE	PERIOD EMPLOYED (YY/MM/DD)				
(please provide details of different positions with the same employer)	ferent positions with the		То			

# CHOICE OF UNIT(S)

NB: Department must approve before submitting the application form

UNIT (SUBJECT / COURSE NAME)	COURSE CODE
1.	
2.	
3.	
4.	
PURPOSE OF STUDY:	·

## **INDEMNITY AND UNDERTAKING**

Applicants under the age of 18 years old must be assisted by their parent or guardian (must be the same person listed under next-of-kin on page 2).

#### LEGAL DECLARATION OF INDEMNITY AND UNDERTAKING

#### I, THE APPLICANT, AND I, THE PARENT/GUARDIAN/NEXT-OF-KIN OF THE APPLICANT -

- (1) Acknowledge that the University does not accept responsibility for damage or loss in respect of property of the applicant or in respect of property brought onto University premises by the applicant.
- (2) Do hereby indemnify the University in respect of any damage caused by the applicant to University property or to the property of third parties, whether on or off the University premises, as a result of the applicant's actions either whilst on the University premises or whilst engaged in any activity related to the University.
- (3) Undertake, during the orientation period and for any period during which I am a registered student, to be bound by the rules and regulations of the University for the time being in force, including the rules and regulations of any University residence, club or society to which I may be admitted or become a member and by any requirements or conditions imposed by the University on me as a prerequisite to my registration as a student of the University in any faculty.
- (4) Certify that the information provided in this form and all supporting documentation is accurate and acknowledge that furnishing any false information may result in disciplinary proceedings being taken against the applicant.
- (5) Declare that I have furnished the University with all the information necessary to make an informed decision about my admission.
- (6) Undertake to pay unconditionally all fees, charges and equipment surcharges payable to the University as they fall due for payment, for any period for which I am or may become a registered student or the applicant is or may become a registered student of the University.
- (7) Consent to my examination results being made available to the relevant bursary donor(s) and /or lenders.

#### ALL APPLICANTS MUST SIGN BELOW - Thank you

C' .			Data
SIC	nati iro ot	anniicant	Date:

AND, if the applicant is under the age of 18 years, assisted by (full name of parent or legal guardian or next-of-kin) :

First name	Last name / surname
Signature:	Date:

#### PERSON LIABLE FOR SETTLEMENT OF FEES

I undertake to settle all tuition and miscellaneous fees due to the University by due date. I may make suitable arrangements to settle the outstanding charges as per the University's Credit Policy as stipulated by the National Credit Regulator. If I do not settle by due date, I will pay the interest at the rates as prescribed by the University. I also consent to the University imposing credit control restrictions if the debt is not settled.

Full name.

Signature:.....Date: .....

NB: INTERNATIONAL STUDENTS: ALL FEES ARE DUE AND MUST BE PAID IN FULL ON OR BEFORE REGISTRATION

### **BEFORE YOU SUBMIT YOUR APPLICATION PLEASE NOTE:** Please ensure you have signed the indemnity above

This form must be accompanied by:

- Proof of payment
- Original ID documents

- Original matric certificate
- Original foreign school certificate if applicable
- Original full academic transcript and code of conduct

- Original marriage certificate if name has changed

### **Methods of payment**

- 1. Via Internet transfer, or
- 2. Direct payment into: Standard Bank, Branch: Braamfontein (code: 004 805), Account Name: Wits University -Application Fees, CI Number: 074A, Account Number: 200 346 385.

### PLEASE ATTACH A COPY OF THE DEPOSIT SLIP OR PROOF OF INTERNET TRANSFER.

### We do not accept cheque or cash payments.

PAYMENT INFORMATION (FOR OFFICE USE ONLY)						BQ	FA	AT	RES	
CASH		CHEQUE/ BANK DRAFT	OTHER		CREDIT CARD			BANKSLIP		
Received by:				Date: _						
Processed by:				Date:						