



University of Venda

APPLICATION FOR POSTGRADUATE STUDIES FOR 2017

STUDENT NO. :
(If previously registered at the University of Venda)

NAME OF STUDENT:

RETURN THIS FORM BEFORE 30 SEPTEMBER 2016

R100-00 APPLICATION FEE MUST BE PAID AT ABSA BANK **ACCOUNT NO. 1 000 000 589** AND STATE YOUR STUDENT NUMBER OR FIRST 8 DIGITS OF YOUR ID. NUMBER IF YOU ARE A FIRST ENTERING STUDENT ON REFERENCE COLUMN. KINDLY ATTACH THE DEPOSIT SLIP ON THIS APPLICATION FORM

(NB: Application forms without this fee will not be considered and if applying for the first time at this University make sure you fill in the general application form (undergraduate form as well))

Application for Masters and Doctoral Studies can be done throughout the year, but registration is done during the following dates:

- 1 – 3 February 2017 (Special dates for registration of Masters and Doctoral Students)
- 23 February 2017 (Final date for registration of Masters by course work)
- 26 April 2016 (Final date for Admission and Registration of Masters and Doctoral Degrees by research)

Forms can be returned to the following address:-

**UNIVERSITY REGISTRAR
UNIVERSITY OF VENDA
PRIVATE BAG X5050
THOHOYANDOU
0950**

A. APPLICATION PARTICULARS

The University of Venda appreciates your intention to further your studies and staff would like to offer you the most appropriate advice. Because of the fact that we have to limit the number of post graduates due to staff implications and other factors, we have introduced selection procedures. The particulars requested below will enable us to ascertain to what extent you have reflected upon the proposed post-graduate studies and research.

The following certified copies must accompany your application:

- (a) I.D. Book
- (b) Standard 10 (Grade 12) certificate
- (c) Transcript of academic record and certificate of conduct

(d) Degree(s)/Diploma certificates

B. PERSONAL PARTICULARS

- 1.1. Name:.....
(Full names and Surname: Mr/Mrs/Ms)
- 1.2. Date of birth:.....
- 1.3. Home Language:.....
- 1.4. Address: (Home)
.....
- 1.5. Address: (Work)
.....
- 1.6. Telephone no. (Home) (Work).....
- 1.7. Cell. No.
- 1.8. E-mail address:
- 1.9. Occupation:,.....
- 1.10. Have you applied at another University? Yes/No
University:
- 1.11. Have you registered for any post graduate degree/Diploma before?
.....
(At University of Venda or elsewhere)

C. PROPOSED FIELD OF STUDY

1. Postgraduate degree you are intending to study.
First Choice: Second Choice:
2. Do you intend to study full or Part-time?

	DECLARATION
	<p>1. I undertake</p> <p>1.1 to comply with the rules and regulations of the University of Venda should my application be successful.</p> <p>1.2 to inform the School Administrator immediately, if I change my address, and</p> <p>1.3 acquaint myself, with all the rules and general regulations that relate to the programme for which I am applying.</p> <p>2. I/We hereby absolve the University of Venda, its staff, employees, representative and/or agents from any claims which I/the student may acquire as a result of any injuries which I/the student may receive and/or damages which I/the student may suffer as a result of any happening, incident, accident, injury, illness or death however it may have resulted or as a result of my/his /her participation in any tour/outing/excursion/visit or transport which may take place during my/his/her studies at the University.</p> <p>3. I/We accept that I/the student shall participate in the activities mentioned in paragraph 2 on my/his/her own responsibility and shall voluntarily accept the risk incidental thereto.</p> <p>4. I/We hereby accept liability for the payment of all study, class or other fees which may be charged by the University as a result of my/his/her studies at the University, if the application is successful.</p> <p>5. I am aware that my enrolment is valid only if it complies with the regulations of the programme concerned, notwithstanding the acceptance of this application by the University.</p> <p>6. I declare;</p> <p>6.1 that I conclude this agreement with the knowledge and Consent of my parents/guardians/employer</p> <p>6.2 that all particulars given by me on this form are true and correct.</p>

Student signature:..... Date

FOR OFFICE USE ONLY

D. THE APPLICATION

<input type="checkbox"/>	has been accepted
<input type="checkbox"/>	not accepted
<input type="checkbox"/>	conditionally accepted

Departmental Head Date

Dean Date

Comments (if any).....

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