University of Venda

STUDENT NO.:								

APPLICATION FOR RE-ADMISSION 2017

(For more information visit our website: www.univen.ac.za)

RETURN THIS FORM BEFORE **30 SEPTEMBER 2016**

R100-00 APPLICATION FEE MUST BE PAID AT ABSA BANK **ACCOUNT NO**. **1 000 000 589.** STATE YOUR STUDENT NUMBER ON THE REFERENCE COLUMN OF THE DEPOSIT SLIP. KINDLY ATTACH THE DEPOSIT SLIP ON THE APPLICATION FORM. ***(NB: Application forms without proof of payment shall not be considered.)***

The following certified copies must accompany your application:

(a) I.D. Book
(b) Standard 10 (Grade 12) certificate

Forms can be returned to the following address:-
UNIVERSITY REGISTRAR
ADMISSIONS OFFICE
PRIVATE BAG X5050
THOHOYANDOU
0950

ACADEMIC YEAR	***2***	***0***		

WHEN DID YOU LAST REGISTERED AT THIS UNIVERSITY?				

Degree/Diploma/Certificate for which you wish to enrol	

Post-Graduate		Junior Degree		Diploma		Certificate	

First Choice		Second Choice *(if applicable)*	

PART A	**PERSONAL PARTICULARS**

01	**Title**	Mr		Mrs		Ms		**02:**	**Surname**	

03	**Initials**				04	**Full Names**	

	05	**I.D No**													

(If no I.D No. fill in passport number)

	Email Address:	

1	Postal Address

					Postal Code						

Tel. No										

	DECLARATION

1. I undertake

   1.1 to comply with the rules and regulations of the University of Venda should my application be successful.
   1.2 to inform the School Administrator immediately, if I change my address, and
   1.3 acquaint myself, with all the rules and general regulations that relate to the programme for which I am applying.

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.

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.

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 may/his/her studies at the University, if the application is successful.

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.

6. I declare;

   6.1 that I conclude this agreement with the knowledge and Consent of my parents/guardians/employer
   6.2 that all particulars given by me on this form are true and correct.

Signature of applicant		Date	
Signature of Parent/ Guardian		Date	

(If applicant is under 21years)