

2017



Student Application Form

Under - Graduate
Post - Graduate

The Registrar Academic
Tel : 012 521 4111/4979/3357
Fax : 012 521 5732
PO Box 60, Medunsa, 0204



STUDENT APPLICATION FORM

B. PERSONAL DETAILS OF APPLICANT (cont.)						
12.	Marital Status		13.	Gender	Female	Male
14.	Home Language / Mother Tongue		15.	Religion / Church Affiliation		
16.	Occupation		17.	Physical Impairment (e.g. blind)		
18.	Residential or Physical Address (not school address)					
				Code		
19.	Postal Address					
				Code		
20.	Telephone No.			Fax No.		
	Cell No.			Email		

C. DETAILS / HEMIS (These Stats are Compulsory)					
21.	Citizenship / Nationality		22.	Ethnic Group / Race	
23.	Province / State		24.	Rural / Urban / Peri-Urban	



STUDENT APPLICATION FORM

D.	MATRICULATION DETAILS							
25.	Examination Date		26.	Highest Grade (standard if Applicable)		<i>For office use</i>		
27.	Examination No.						<i>For office use</i>	
28.	Senior Certificate Type						<i>For office use</i>	
29.	School Name						<i>For office use</i>	
30.	Examination Department (e.g. Gauteng, etc.)							
31.	Last Examination	December Grade 11		June Grade 12		December Grade 12		
32.	Subjects and results of last examination	Subject			Code		Symbol/Level	
					<i>For office use</i>			
					<i>For office use</i>			
					<i>For office use</i>			
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					<i>For office use</i>			
					<i>For office use</i>			



STUDENT APPLICATION FORM

E. POST SCHOOL ACADEMIC ACTIVITIES										
33.	Were you previously registered at this or another institution of higher learning? If yes, please supply the following information :					YES		NO		
	Institution	Student Number	Period From - To	Was the qualification completed?			If YES, When (year)?			
				Yes		No				
				Yes		No				
34.	If you have not been at institutions of higher learning after matriculating, what activities have you been engaged in?									
35.	Have you previously been excluded from any institution of higher learning? If yes, supply the following information					YES		NO		
	Name of Institution							For office use		
	Qualification excluded from							For office use		
	Date and period of exclusion		Date		Period		For office use			
	Grounds for exclusion (academic, financial or disciplinary)								For office use	

F. RESIDENTIAL APPLICATION (OPTIONAL)									
36.	Would you like accommodation on campus					YES		NO	
	Student housing with catering					YES		NO	

Please Note that accommodation on campus is not guaranteed



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G. FINANCIAL AID (OPTIONAL)					
37.	Do you require and qualify for financial assistance	YES		NO	

H. PARTICULARS OF PARENTS/GUARDIAN/ SPOUSE/ NEXT OF KIN								
38.	Title		Initials		Surname		Relationship	
39.	Residential Address (not postal address)							
				Code				
40.	Postal address							
				Code				
41.	Please specify which address you want Financial statements to be sent to							
42.	Contact Numbers	Work		Home		Cell phone		
43.	Is your parent/guardian or spouse a staff member of Sefako Makgatho Health Sciences University? If yes, indicate his/her staff number				YES		NO	
44.	Are you a staff member of Sefako Makgatho Health Sciences University?		YES		NO		Staff No.	



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I.	DECLARATION
	<p>I, _____ (full names) hereby declare that :</p> <ul style="list-style-type: none">▪ All the information provided in this document is true and that I will abide with all the rules and regulations of Sefako Makgatho Health Sciences University;▪ I have concluded this agreement with the knowledge and consent of my parents/guardian/spouse or next of kin;▪ I undertake to notify the Registrar in writing, if I wish to cancel my registration during the current academic semester/year and I acknowledge that I am liable for fees payable for the respective semester/year.

Signed at _____ on the _____ day of
_____ 20.....

Signature of Applicant : _____

Date : _____

Signature of Parents/Guardian/Spouse : _____

Date : _____



STUDENT APPLICATION FORM

FOR OFFICE USE			
Documents to accompany the Application Form (attach only those that are applicable to you)			
Matric Certificate		Certificate of Conduct	
Degree Certificate		SAQA Evaluation	
Diploma Certificate		Identity Document / Passport	
Academic Transcript		School Results	
Two ID/Passport Photos		Marriage Certificate	
Name of Officer : _____		Signature : _____	

Office Stamp
