MONASH SOUTH AFRICA

HOW TO COMPLETE THIS FORM

1. Please print boldly using block letters. All sections must be completed.
2. Use a black pen to fill out this form.
3. Fill-out in CAPITAL / UPPER-CASE.
4. Enclose one set of supporting documents with this application. (All documents must be certified by a recognised authority, eg school, university or Monash South Africa representative.) This application will not be processed unless full documentation is attached. Fax copies are NOT acceptable.
5. This application is the property of Monash South Africa. Supporting documentation will NOT be returned.
6. Late applications will be accepted subject to availability of places.

RETURN COMPLETED FORM TO: musa-admissions@monash.edu

STUDENT NUMBER: (For admin purposes)

AGENT / REPRESENTATIVE STAMP:

PERSONAL DETAILS

Surname:	Given Names:
ID Number/Passport Number:	Sex: Female ☐ Male ☐
Date of Birth: *Day / Month / Year*	Parent / Guardian Name:
Citizenship:	Country of Birth:

1. Do you have any physical and/or other disabilities or medical conditions that Monash should be aware of: Yes ☐ No ☐

   If so please specify: _____
   For more information on Disability Support, contact Student Development

2. If you are not a South African citizen, do you have permanent residency in South Africa? Yes ☐ No ☐

3. Have you previously applied to Monash South Africa? | If yes, please provide your Monash Student Number:
Yes ☐ No ☐

ADDRESS DETAILS

Postal Address:	Home Address:
Postal Code:	Postal Code:
Country:	Country:
Tel: Home ( ) Business: ( )	Cellphone:
Fax: Home ( ) Business: ( )	Emergency Contact Person Tel:
Email Address (please write clearly):	
Alternate Email Address (Parent/Guardian):	

PERSON RESPONSIBLE FOR PAYMENT OF FEES

Full Name:	Tel: Cell
Email Address:	Tel: Home
Postal Address:	Postal Code:
Country:	

PROGRAMME PREFERENCES
(Please number in order of preference)

STARTING DATE

Year in which you wish to begin your course: ☐☐☐☐ Semester 1 ☐ Semester 2 ☐

Programme applying for	
☐ Foundation Programme	Stream: Social Science ☐ Business ☐ IT ☐ Health ☐ Law ☐
☐ Bachelor of Social Science	Major (if known)
☐ Bachelor of Business Science	Major (if known)
☐ Bachelor of Business Science (Accounting)	Major (if known)
☐ Bachelor of Commerce in Law	Major (if known)
☐ Bachelor of Computer and Information Sciences	Major (if known)
☐ Bachelor of Public Health	Major (if known)
☐ Honours Programme	Stream: Social Science ☐ Business ☐ IT ☐ Health ☐
Honours Discipline (area of study)	

ENGLISH LANGUAGE PROFICIENCY

Was English the language of instruction in previous studies completed? Yes ☐ No ☐

If no, I will sit/have sat for and English language proficiency test: English test name: TOEFL ☐ IELTS ☐

Date taken: Day / Month / Year   Result (If known):   TRF number:

SECONDARY AND POST SECONDARY STUDIES

SECONDARY STUDIES

Name of qualification	School	Country	Year completed

POST SECONDARY STUDIES

Year of commencement:	Degree/Qualification:	Institution:	Country	Year completed/or last attempt

Original copies of statements / transcripts must be submitted and must include failures (if any).

Are you currently awaiting results of post-secondary studies undertaken this year   Yes ☐   No ☐

If yes, please indicate the date the results will be available: Day / Month / Year

Name of institution and qualification:

IMPORTANT CHECKLIST To be completed by all applicants

		Office use only
Have you written your email address clearly? ☐ Have you completed the application form in full? ☐		
Have you attached a certified copy of your Identity Document? ☐		
Have you included certified copies of qualifications, English language proficiency, etc? ☐		
Have you signed and dated the application form? ☐		

DECLARATION AND SIGNATURE

I declare that the information provided by me is true and complete in every particular.
I acknowledge that Monash reserves the right to seek information from relevant bodies as to the standing of my claimed qualifications and to vary or reverse any decision regarding admission made on the basis of incorrect or incomplete information.

Signature : _____ Date _____/_____/_____
Day / Month / Year

OFFICE USE ONLY

Application checked and captured: _____

MSA Representative Name: _____

Admission Staff Name: _____

CRM Unique Code: _____

Date Received: _____

Source: ☐ Email ☐ Online ☐ Walk-In ☐ Open Day ☐ Post

☐ Other _____

P	CO	O	R	P	CO	O	R

Decision: _____   Decision: _____

Sign: _____   Sign: _____

Date: _____   Date: _____

Captured by: _____   Captured by: _____

Letter date: _____   Letter date: _____

Note: Note: