

# **APPLICATION FOR ADMISSION**

Please complete this form carefully

and return to us by handing it in:

Sol Plaatje University, North Campus, Chapel Street, Kimberley or by mailing it to The University Registrar, Sol Plaatje University, Private Bag X5008, Kimberley, 8300 or by e-mailing it to applications@spu.ac.za or by faxing it to +27(0)86 544 2766

A non-refundable application fee of R100 is payable. Payment details are given on page 8. PLEASE DO NOT ENCLOSE ANY CASH OR POSTAL ORDERS WITH THIS APPLICATION FORM. (Kindly attach a copy of the deposit slip to your application form.)

Applicant's Name and Surname					
Title	Mr	Mrs	Ms	Other	

#### **SECTION A: ACADEMIC APPLICATION**

#### 1. CHOICE OF STUDY PROGRAMME

Please tick the box indicating your choice of study area. If more than one, indicate order of preference (eg. 1,2,3...).

Please refer to the prospectus for all admission requireme PLEASE REFER TO OUR WEBSITE www.spu.ac.za FC	
Bachelor of Education (Senior Phase and FET Teaching):	Bachelor of Commerce
Life Sciences, Mathematics and Natural Sciences.	Diploma in Retail Business Management
Geography, Mathematics and Technology	Bachelor of Science (Data Science)
• Languages	Bachelor of Science:
History, Geography and Social Sciences	Mathematical Sciences
Physical Sciences and Mathematics	Physical Sciences
Mathematics	Computer Sciences
Economic and Management Sciences	Biological Sciences
Bachelor of Education (Intermediate Phase):	Diploma in Information and Communication
Languages, Mathematics,	Technology (Applications Development)
Natural Sciences and Technology	Bachelor of Arts
Languages, Social Science and Life Skills	Higher Certificate in Heritage Studies

2. PERSONAL D	ETAILS				
Title	Mr	Mrs	Ms Other		
Surname					
Full Names					
Gender (please tick ✓)	Female	Male Male	Date of Birth	D - M M	- Y Y Y Y
3. CITIZENSHIP					
Are you a South	African citizen?	(please	tick ✔) Yes	No	
If yes, South Afric	can ID Number				
(Please submit	a certified copy	of your ID.)			
If not a South Afr Passport number	ican citizen or per and Nationality:	rmanent resident:			
(Please submit	a certified copy	of your passport.) WE	WILL REQUIRE A VAI	LID STUDY PERMIT W	TITH REGISTRATION.
4. PERSONAL IN	NFORMATION				
	ormation is require	ed for statistical purpose x.	es for us to ensure tha	t we address your ne	eds wherever we can
Population	Black	Coloured	White	Indian	Chinese
Group	Other (Please sp	pecify):			
Manifest Office	O'conto	Mandad	VAC -1	Diversed	0
Marital Status	Single	Married	Widower	Divorced	Separated
	Afrikaans	English	Isizulu	Ndebele	Sepedi
Home	SeSotho	Setswana	Siswati	Sixhosa	Tshivenda
Language	Xitsonga	Other (Please spec	cify):		
Religious	Christian	Hindu	Jewish	Muslim	None
Affiliation	Other (Please sp	pecity):			
	Blindness	Deafness	Partial Hearing	Partially Sighted	Learning Disability
Disability or Special needs	Speech	Cerebral Palsy	Paraplegic	Impaired Mobility	ADD/ADHD (chronic)
	Quadriplegic	Other (Please spec	cify):		, , ,
		special needs at the tim		should also attach ar	ny supporting
Sport Involvem	ent Informus	of the sport you formall	v narticinated in and	he level of your partic	rination

Sport	Level (School; Club; Junior/Senior Provincial; Junior/Senior National)

## **5. CONTACT DETAILS - APPLICANT**

It is essential to carefully enter all your details here.

Street / Physical Address	
City	Province
Country	Postal Code
Postal Address (If different from physical address)	
City	Province
Country	Postal Code
Contact Details:	Home number  Mobile number 1  Mobile number 2  ———————————————————————————————————
e-mail address:	
6. PERSONAL DETAILS: NE Relationship Title	Mother Father Other Mrs Ms Other
Surname	
Name	
ID/Passport Number	
Physical/Postal Address	
City	Province
Country	Postal Code
Contact Details: e-mail address:	Home number  Business number  Mobile number 1  Mobile number 2  Description:
o-man audi⊂55.	

#### 7. DETAILS OF PERSON LIABLE FOR SETTLEMENT OF FEES

Also refer to page 7.										
Title		Mr	Mrs	Ms	Otl	her				
Surname										
Name										
ID/passport Number										
Physical/Postal Addr	ess									
City				I	Province					
Country				Pos	tal Code					
Contact Details:		Home number - Business numbe	r			numbe		]- [		
		-				-				
e-mail address:										
8. ACADEMIC HISTOR			<u> </u>		cate or Ju	une exa	mination	result	s if	
currently in Grade 12.		10.1								
Current school / Last school attended	Nam	ne of School								
	City	/Town								
Grade 12 Particulars (	(To be	e completed by a	oplicants current	y in Grac	le 12.)					
School at which you w examination at the end			Your Examination	Number (	If applica	ble)				
NSC Subjects to be wi	ritten				5.					
		2.			6.					
		3.			7.					
		4.			8.					
Examining Authority		To be completed	by all applicants w	riting a Sc	outh Africa	an matri	ic. (please	tick ✓	<b>^</b> )	
		Eastern Cape	Free State	Gauteng			ılu-Natal	Limp		
		Mpumalanga	Northern Cape	North-W	est	Wester	rn Cape	IEB		

#### 9. INTERNATIONAL QUALIFICATIONS

Complete this section only if you and require exemption from the			ten a NON	I-SOUTH AFR	ICAN EDUCATIONAL QUA	LIFICATION
Have you completed your qua	ification?	(please tick v	Yes [		If yes, please submit certific of your school-leaving certi including the evaluation by African Qualifications Autho (SAQA).	ficates, the South
Kindly complete the section be	low if your	qualification ex	aminatior	ns are to be wri	tten at the end of the currer	nt year.
Month of Examination:			Exa	mining Author	ity:	
10. PREVIOUS AND CURREN	IT TERTIA	RY EDUCATION	ON STUD	ES		
COMPULSORY for all studen	ts who ha	ve previously	attended	l other univers	sities or institutions.	
Certified copies of academic You are required to disclose all Your application will not be pro-	tertiary reg	gistrations, eve	n if you h	ave cancelled y	our studies.	
1. Study Programme (Degree/Diploma/Certificate						
Institution						
Student Number					Full-time Par	rt-time
Dates of Registration	From		То			
Date of Graduation (If applicable)						
Status: <b>P</b> (Passed); <b>F</b> (Failed);	C (still to d	complete year /	results n	ot available); <b>Z</b>	(Cancelled)	
2. Study Programme (Degree/Diploma/Certificate						
Institution						
Student Number					Full-time Par	t-time
Dates of Registration	From		То			
Date of Graduation (If applicable)						
Status: P (Passed); F (Failed);	C (still to	complete year /	results n	ot available); <b>Z</b>	(Cancelled)	

KINDLY NOTE THAT IT WILL BE CONSIDERED DISHONEST IF YOU FAIL TO DISCLOSE AND SUBMIT THE REQUIRED DOCUMENTATION AND SOL PLAATJE UNIVERSITY WILL RESERVE THE RIGHT TO CANCEL YOUR REGISTRATION.

## **SECTION B: RESIDENTIAL ACCOMMODATION**

	e University has limited residence accommodation available. T y be available to registered students.	his will generally be shar	red accommodation and will
Do	o you wish to apply for university residence accommodation?	(please tick ✓)	Yes No
IF	YES, PLEASE COMPLETE THE ATTACHED RESIDE	NCE FORM.	
	e University reserves the right to place students in Resid <u>T</u> a guarantee of placement.	dence and therefore ap	oplication for Residence is
Re	sidence allocations are done seperately by the Student	Affairs Department.	
SE	ECTION C: FINANCIAL AID		
sec	m bursaries and government departments or municipalities to ctor. Students are encouraged to investigate all possibilities the responsibility of the student to apply for financial ai	es and apply in time fo	
	STUDENTS HAVE TO SUBMIT PROOF OF FUNDING THE FINANCIAL SUPPORTER, INDICATING THAT A ARE NOT SELF-PAYING STUDEN	A BURSARY HAS BE	EN APPROVED IF THEY
DO	OCUMENT CHECKLIST: (please tick ✓)		
1.	Certified copy of ID/Passport (applicant)		
2.	Copy of deposit slip (R100)		
3.	Certified copy of NSC or June results if currently in Grade 12		
4.	Certified copies of SAQA documents - if applicable (Refer to section 9, page 5)		
5.	Academic transcripts and Code of Conduct from previous university/institution - if applicable (Refer to section 10, page 6)		

FAILURE TO SUBMIT ALL THE REQUIRED DOCUMENTATION, WILL RESULT IN YOUR APPLICATION NOT BEING PROCESSED.

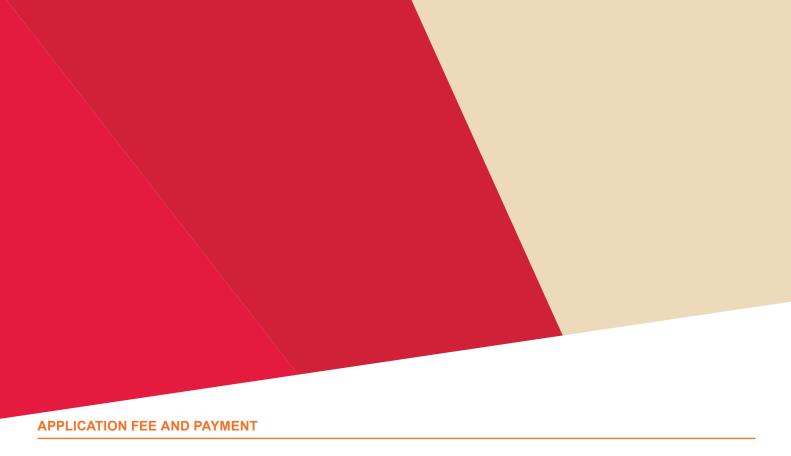
# SECTION D: LEGAL DECLARATION OF INDEMNITY AND UNDERTAKING

	oplicants under the age of 18 years of ection 6 on page 3).	d must be assisted by their pa	arent or guardian as indicated under Next of Kir	in in			
I, _	HE APPLICANT, AND						
I,	IE PARENT/GUARDIAN /NEXT OF	KIN OF THE APPLICANT -he	ereby				
1.	acknowledge that the University do respect of property brought onto Ur		or damage or loss in respect of my property or i	n			
2.	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.	bound by the rules and regulations of any University residence, club or	of the University for the time be society to which he/she may I	g which the applicant is a registered student, to being in force, including the rules and regulation be admitted or become a member of and by ar as a prerequisite to his/her registration as a str	ns 1y			
4.	certify that the information provided in this form and all supporting documentation is accurate and acknowledge tha furnishing any false information may result in disciplinary proceedings being taken against me;						
5.	declare that I have furnished the Ur admission;	niversity with all the information	on necessary to make an informed decision abo	out m			
6.		which I am or may become a r	t surcharges payable to the University as they fregistered student or the applicant is or may be				
7.	consent to my examination results I	peing made available to the re	elevant bursary donor(s) and / or lenders.				
AL	L APPLICANTS AND PARENT OR	LEGAL GUARDIAN MUST S	SIGN BELOW.				
FL	JLL NAME (Applicant)	SIGNATURE	DATE				
FL	JLL NAME (Parent/Guardian)	SIGNATURE	DATE				
PE	ERSON LIABLE FOR SETTLEMENT	T OF FEES					
•	I undertake to settle all tuition and of I may make suitable arrangements I also consent to the University imp	to settle the outstanding charg	ges as per the University's Policy on Student D	ebt.			

DATE

SIGNATURE

FULL NAME



#### ALL APPLICANTS are required to pay an application fee of R100.

Bank details:

FIRST NATIONAL BANK

Branch: Kimberley Branch Code: 230102

Branch Code (International payments): 231002

Account number: 624-325-189-78
Account Holder: Sol Plaatje University

Account type: Current

Reference: Applicant's ID/Passport number (Compulsory)

**Swift Code: FIRNZAJJ (International Students)** 

Please attach a copy of the deposit slip to your application form.

#### FOR OFFICE USE ONLY

STUDENT	NUMBER	PROGRAMME			
-					
Α	PS		STATUS		
Preliminary	Final				
		Unsuccessful	Pending	Successful	
PROOF OF AP	PLICATION FEE	DATE			
YES	NO				
	1				
CAPTURED BY			DATE		
CONTROLLED BY			DATE		