

APPLICATION FOR ADMISSION

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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 Admissions Office, Sol Plaatje University, Private Bag X5008, Kimberley, 8300 or by e-mailing it to Applications@spu ac 73

| or by e-mailing it to applications@spu.ac.za or by faxing it to +27(0)86 544 2766 (Include applicant's name, surname and contact number) | | | | | | | | | | |
|--|--------------------------|--|--|--|--|--|--|--|--|--|
| A non-refundable application fee of R100 is payable. 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 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 N | Ms Other | | | | | | | | |
| SECTION A: ACADEMIC AI | PPLICATION | | | | | | | | | |
| 1. CHOICE OF STUDY PROGRA | MME | | | | | | | | | |
| Please refer to the prospectus for | all admission requiremen | more than one, indicate order of preference (eg. 1,2,3). nts. Only apply for programmes that you qualify for. R UPDATES ON PROGRAMMES. | | | | | | | | |
| Bachelor of Education (Interme | ediate Phase): | Bachelor of Commerce | | | | | | | | |
| Languages, Mathematics, Natural Sciences and Technol | logy (721) | Diploma in Retail Business Management | | | | | | | | |
| Languages, Social Science ar | nd Life Skills (722) | Bachelor of Science (Data Science) | | | | | | | | |
| Bachelor of Education (Senior Phase and FET Teac | ching): | Bachelor of Science: Mathematical and Computer Sciences | | | | | | | | |
| Life Sciences, Mathematics and N | Natural Sciences (731) | Physical Sciences | | | | | | | | |
| Geography, Mathematics and | Technology (732) | | | | | | | | | |
| • Languages (734) | | Biological Sciences | | | | | | | | |
| History, Geography and Socia | ıl Sciences (735) | Diploma in Information and Communication | | | | | | | | |
| Physical Sciences and Mather | matics (736) | Technology (Applications Development) | | | | | | | | |
| •. Mathematics (737) | | Bachelor of Arts | | | | | | | | |
| •. Economic and Management S | Sciences (738) | Higher Certificate in Heritage Studies | | | | | | | | |

| Z. PERSUNAL D | E IAILS | | | | |
|---------------------------------------|---|--|------------------------|-------------------------|-----------------------|
| Title | Mr | Mrs | Ms Other | | |
| Surname | | | | | |
| Full Names | | | | | |
| | | | | | |
| Gender | Female | Male | Date of Birth | D - M M | - Y Y Y Y |
| (please tick ✓) | | | | | |
| 3. CITIZENSHIP | | | | | |
| Are you a South | African citizen? | (please t | ick ✓) Yes | No | |
| If yes, South Afric | can ID Number | | | | |
| (Please submit | a certified copy of | our ID.) | | | |
| If not a South Afr Passport number | ican citizen or perma r and Nationality: | anent resident: | | | |
| | | SUBMIT A CERTIFI EQUIRE A VALID ST | | | |
| 4. PERSONAL IN | NFORMATION | | | | |
| | ormation is required f ne appropriate box. | or statistical purpose | s for us to ensure tha | t we address your ne | eds wherever we can |
| Population | Black | Coloured | Chinese | | |
| Group | Other (Please spec | | | | |
| | | | | | |
| Marital Status | Single | Married | Widower | Divorced | Separated |
| | Afrikaans | English | Isizulu | Ndebele | Sepedi |
| Home | SeSotho | Setswana | Siswati | Sixhosa | Tshivenda |
| Language | Xitsonga | Other (Please spec | 1 | Сіліїоса | Tomvorida |
| | <u> </u> | | | | |
| Religious | Christian | Hindu | Jewish | Muslim | None |
| Affiliation | Other (Please spec | eify): | | | |
| | | I | l | | |
| Diochility | 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 | ify): | | |
| | | ecial needs at the time rying to accommodat | | should also attach a | ny supporting |
| Sport Involvem | | the sport you formally | | the level of your parti | cipation. |

| 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 | Mother Father Other |
| Title | Mr Mrs Other |
| Surname | |
| Name | |
| ID/Passport Number | |
| Physical/Postal Address | |
| City | Province |
| Country | Postal Code |
| Contact Details: | Home number Mobile number 1 Business number Mobile number 2 Mobile number 2 |
| e-mail address: | |

7. DETAILS OF PERSON LIABLE FOR SETTLEMENT OF FEES

| Also refer to page 7. | | | | | | | | | | |
|--|--------|------------------------------|---------------------|-------------|-------------|----------|-------------|--------|-------|---|
| Title | | Mr | Mrs | Ms | Oth | her | | | | |
| Surname | | | | | | | | | | |
| Name | | | | | | | | | | |
| ID/passport Number | | | | | | | | | | |
| Physical/Postal Addr | ess | | | | | | | | | |
| City | | | | | Province | | | | | |
| Country | | | | Pos | tal Code | | | | | |
| Contact Details: | | Home number - Business numbe | - r | | | numbe | |]- [| | |
| e-mail address: | | - | | | | - | |]- [| | |
| e-mail address. | | | | | | | | | | |
| 8. ACADEMIC HISTOR | RY – S | SOUTH AFRICAN | QUALIFICATIONS | 3 | | | | | | |
| Please submit a certit Grade 11 final results | | | | or Certific | cate or Ju | une exa | mination | result | s ANL |) |
| Current school / Last school attended | Nam | ne of School | | | | | | | | |
| | City | /Town | | | | | | | | |
| | City | TOWIT | | | | | | | | |
| | | | | | | | | | | |
| Grade 12 Particulars (| - | | - | - | | | | | | |
| School at which you w examination at the end | | | Your Examination | Number (| it 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 ✓ |) | |
| | | Eastern Cape | Free State | Gauteng | | | ılu-Natal | Limp | | |
| | | Mpumalanga | Northern Cape | North-W | 'est | Weste | rn Cape | IEB | | |

9. INTERNATIONAL QUALIFICATIONS

| Complete this section only if yo | ou are writing or have written a NON-SOUTH AFRICAN EDUCATIONAL QUALIFICATION |
|---|--|
| Have you completed your qua | of your school-leaving certificates, including the evaluation by the South African Qualifications Authority (SAQA). |
| Kindly complete the section be | low if your qualification examinations are to be written at the end of the current year. |
| Month of Examination: | Examining Authority: |
| | |
| A. VALID STUDY PERMIT; B. PROOF OF FUNDING; C. PROOF OF MEDICAL INS D. SAQA EVALUATION OF SE. MATRICULATION BOARI AND F. EXEMPTION FROM THE | SCHOOL LEAVING QUALIFICATION; DEVALUATION DOCUMENT FOR ADMISSION TO A SOUTH AFRICAN UNIVERSITY; |
| 10. PREVIOUS AND CURREN | IT TERTIARY EDUCATION STUDIES |
| *COMPULSORY for all stude | nts who have previously attended other universities or institutions. |
| You are required to disclose all | transcripts and code of conduct must be attached by all applicants. I tertiary registrations, even if you have cancelled your studies. cessed if any of these documents are outstanding. |
| 1. Study Programme (Degree/Diploma/Certificate | |
| Institution | |
| Student Number | Full-time Part-time |
| Dates of Registration | From To |
| Date of Graduation (If applicable) | |
| Status: P (Passed); F (Failed) | ; C (still to complete year / results not available); Z (Cancelled) |
| 2. Study Programme (Degree/Diploma/Certificate | |
| Institution | |
| Student Number | Full-time Part-time |
| Dates of Registration | From To |
| Date of Graduation (If applicable) | |
| Status: P (Passed); F (Failed) | ; C (still to complete year / results not available); Z (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. This will generally be shared accommodation and will ly be available to registered students. |
|-----------|---|
| D | o you wish to apply for university residence accommodation? (please tick ✓) Yes No |
| IF | YES, PLEASE COMPLETE THE ATTACHED RESIDENCE FORM. |
| | e University reserves the right to place students in Residence and therefore application for Residence is OT a guarantee of placement. |
| Re | esidence allocations are done seperately by the Student Affairs Department. |
| | |
| SI | ECTION C: FINANCIAL AID |
| fro se | ere is a wide range of possible sources of financial support for higher education students in South Africa. These range im bursaries and government departments or municipalities to private loans from the commercial banking OR mining ctor. Students are encouraged to investigate all possibilities and apply in time for financial aid. Is the responsibility of the student to apply for financial aid. |
| | STUDENTS HAVE TO SUBMIT PROOF OF FUNDING (OFFICIAL CONFIRMATION LETTER FROM THE FINANCIAL SUPPORTER, INDICATING THAT A BURSARY HAS BEEN APPROVED IF THEY ARE NOT SELF-PAYING STUDENTS) WITH REGISTRATION. |
| | |
| SI | ECTION D: DOCUMENT 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 documents - if applicable |
| 5. | Academic transcripts and Code of Conduct from previous university/institution - if applicable |
| 6. | Completed residence application form |
| | FAILURE TO SUBMIT ALL THE REQUIRED DOCUMENTATION, WILL RESULT IN YOUR APPLICATION NOT BEING PROCESSED. |
| W | here have you heard about the University: (please tick ✓) |
| 1. | School visit |
| 3. | Career exhibition |
| 5. | |
| J. | Printed media (Newspaper, etc.) 6. Word of mouth |

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 <i>Next of Kir</i> | ı in | | | | | | | |
|------|--|------------------------------------|--|-------|--|--|--|--|--|--|--|
| I, _ | HE APPLICANT, AND | | | | | | | | | | |
| I, | IE PARENT/GUARDIAN /NEXT OF | KIN OF THE APPLICANT -h | 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. | . undertake, during the orientation period and for any period during which the applicant is a registered student, to be bound by the rules and regulations of the University for the time being in force, including the rules and regulations of any University residence, club or society to which he/she may be admitted or become a member of and by any requirements or conditions imposed by the University on him/her as a prerequisite to his/her registration as a student of the University in any faculty; | | | | | | | | | | |
| 4. | certify that the information provided in this form and all supporting documentation is accurate and acknowledge that 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 | | | | | | | | |
| FU | 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

| STUDENT NUMBER | 2 | 0 | | | - | | | | |
|--|-------------|------------|------------|-----|-----------|-------------|------------|------------|--------------|
| Programme | | | | A | plied for | Provisional | Firm Offer | Waitlisted | Unsuccessful |
| BACHELOR OF EDUCATION: Interm | ediate Ph | nase | | | | | | | |
| • Languages, Mathematics, Natural S | Sciences a | and Tech | nology (7 | 21) | | | | | |
| Languages, Social Sciences and Li | fe Skills (| 722) | | | | | | | |
| BACHELOR OF EDUCATION: Senior | Phase a | nd FET 1 | Гeaching | | | | | | |
| Life Sciences (FET); Natural Science (731) | es (SP); N | /lathemat | tics (SP) | | | | | | |
| Geography (FET); Technology (SP); | Mathema | atics (SP) | (732) | | | | | | |
| Two Languages (FET) and one Lang (FET); Language (SP); History (FET) | | P) OR one | e Langua | ge | | | | | |
| History (FET); Social Sciences (SP) | and Lang | juage (SI | P) (735) | | | | | | |
| Physical Sciences (FET) PLUS Math Natural Sciences (SP and Mathema | | | FET) OR | | | | | | |
| Mathematics (FET); Mathematics (S (FET) (737) | P); Mathe | ematical l | Literacy | | | | | | |
| Accounting (FET)/Economics (FET)/ Economic and Management Science | | | (FET) PL | US | | | | | |
| DIPLOMA: Information and Commun | nication T | echnolog | ју | | | | | | |
| BACHELOR OF SCIENCE: Mathem | atical and | l Comput | ter Scienc | es | | | | | |
| BACHELOR OF SCIENCE: Physical | Science | S | | | | | | | |
| BACHELOR OF SCIENCE: Biologic | al Scienc | es | | | | | | | |
| BACHELOR OF SCIENCE: Data Sc | ience | | | | | | | | |
| HS: HERITAGE STUDIES | | | | | | | | | |
| BACHELOR OF ARTS | | | | | | | | | |
| DIPLOMA: RETAIL BUSINESS MAN | NAGEME | NT | | | | | | | |
| BACHELOR OF COMMERCE | | | | | | | | | |
| NATIONAL SENIOR CERTIFICATE R | ESULTS: | | | | | | | | |
| Currently In Grade 12 | | | | | Adr | nission To | Diploma | | |
| Admission To Bachelor's Degree | | | | | Adr | mission To | Higher Ce | ertificate | |
| AP Score: | | | | | | | | | |
| Additional Qualifications: | | | | | | | | | |
| | | | | | | | | | |

FINAL APPROVAL TO BE COMPLETED BY PROGRAMME HEAD

Checked by:

| APPLICANT S | SUCCESSFUL | APPLICANT UNSUCCESSFUL | | | | | | | | | | |
|--------------|------------|------------------------|--|--|--|--|--|------------|--|--|--|--|
| Signature: | Date: | Signature: | | | | | | Signature: | | | | |
| Comment: | | Reason: | | | | | | | | | | |
| | | | | | | | | | | | | |
| Captured by: | | Staff No: Date: | | | | | | | | | | |
| | | | | | | | | | | | | |

Staff No:

Date:



Private Bag X5008 KIMBERLEY 8300 Chapel Street KIMBERLEY 8301

APPLICATION FORM: RESIDENCE 20__

(FIRST TIME APPLICANTS)

COMPLETE THIS SECTION ONLY IF YOU REQUIRE ACCOMMODATION IN A UNIVERSITY RESIDENCE. (THE UNIVERSITY RESERVES THE RIGHT TO PLACE STUDENTS IN RESIDENCE AND THEREFORE APPLICATION FOR RESIDENCE IS NOT A GUARANTEE FOR PLACEMENT.)

| | | FIELD (| F STU | DY APPL | IED FO | OR . | | | | | | | |
|----------------------|-------------------------|-----------|--------|-------------------|---------|-------------------|----------|------------|---------|--------|---------|------|--|
| 1st Choice | | | | 2 nd C | noice | | | | | | | | |
| | | | | | | | | | | | | | |
| PERSONAL DETA | AILS | | | | | | | | | | | | |
| Surname | | | | ID/P | asspor | t Nun | nber | | | | | | |
| | | | | | | | | | | | | | |
| First Names (As st | ated on ID/Passpo | ort) | | Δres | Code | | Hom | ne Telej | nhone | Num | her | | |
| | | | | Aice | Code | | 11011 | ic reie | priorie | Null | | | |
| Title (Please tick ✓ | () | | | - Moh | ile Pho | ne Ni | ımhe | r | | | | | |
| MR | MRS | MS | | IVIOD | | iie ive | | 1 | | | | | |
| | | | | F-M | ail Add | ress | | | | | | | |
| | | | | | all Add | 1000 | | | | | | | |
| | | | | | | | | | | | | | |
| Physical Address | | | | Post | al Addı | ess (| if diffe | erent fro | om ph | iysica | I addre | ess) | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | 1 | |
| | Postal Code | | | | | | F | Postal (| Code | | | | |
| | | | | | | | | | | | | | |
| DETAILS OF YOU | R PARENT/GUAR | DIAN/NEXT | OF KIN | (COMPL | JLSOR | (Y) | | | | | | | |
| Surname | | | | | asspor | | hor | | | | | | |
| Juname | | | | | asspoi | INUII | IDEI | | | | | | |
| First Names (As st | ated on ID/Passno | nrt) | | | | | | | | | | | |
| Thetrumes (xte et | atou on 12/1 doops | | | Area | Code | | Hom | ne Telej | phone | Num | ber | | |
| Title (Please tick ✓ | $\langle \cdot \rangle$ | | | | | | | | | | | | |
| MR | MRS | MS | | Area | Code | | Wor | k Telep | hone | Numb | per | | |
| Relationship to app | | IVIO | | | | | | | | | | | |
| Parent | Silicant. | | | Mob | ile Pho | ne Nu | umbe | r | | | | | |
| Guardian | | | | | | | | | | | | | |
| Next of Kin | | | | E-M | ail Add | ress | | | | | | | |
| NEXT OF KILL | | | | | | | | | | | | | |
| Physical Address | | | | Post | al Addı | -acc (| if diffe | erent fro | om nh | weica | Laddr | 200) | |
| 1 Tiysical Address | | | | FUSI | ai Auul | 2 35 (| ii uiile | SI CIIL II | om pr | iyəica | auult | -33) | |
| | | | | | | | | | | | | | |
| | Postal Code | | | | | | | Postal C | 20de | | | | |
| | 1 Ustai Code | | | | | | Г | Ustai C | Joue | | | | |

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|---|-------------|--------------|--|---------------|----------|--------------------|------------|--------------|-----|-------|--|
| FOLLOWING INFORMATION TO BE COMPLETED BY THE STUDENT. (please tick ✓) Do you have any disabilities or serious illness? YES NO | | | | | | | | | | | |
| If 'YES', please spec | cify. | | | | | | | | | | |
| Population Group | Black | C | oloured | Wh | iite | Indiar | 1 | Chinese | 0 | ther | |
| | | | | | | | | | | | |
| Special dietary requ | irements | | | | | | | | | | |
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| A | | | | | | | | | | | |
| Non-Academic Act | | : .:!tico th | -4 · · · · · · · · · · · · · · · · · · · | مه میانا اما، | artinin | -to in /o a a | | | | | |
| Please list all non-ac | cademic acu | IVITIES III | at you wou | IId like to | particip | ate in (e.g. s | sport, cui | turai, etc.) | | | |
| 1. | | | | | | | | | | | |
| 2. | | | | | | | | | | | |
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| APPLICANT'S SIG | NAIUKE | | | | | | | | | | |
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| FOR OFFICE USE O | NLY | | | | | | | | | | |
| | | | | | | SECIDENO | _ | | | ROOM | |
| STUDENT NUMBER | ₹ | | | | ı | RESIDENCE | | | IN | UMBER | |
| | | | | | | | | | | | |
| RESIDENCE MANA | AGER | | | | | Date | D - | MM | - Y | YYY | |
| CAPTURED BY | | | | | | | DAT | E | | | |
| CONTROLLED BY | | | | | | | DAT | Έ | | | |