



# CHECKLIST

**ONE (1) CERTIFIED COPY** of each of the following documents must be attached:  
(such documents become the property of the University of Fort Hare and will not be returned),

*Identity Document*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Original Proof of payment of application fee*

\_\_\_\_\_  
\_\_\_\_\_

*School End Certificate (Senior Cert, A&O Levels to Internationals)*

\_\_\_\_\_  
\_\_\_\_\_

*Academic Record, including proof that the Certificate of Conduct has been requested from the previous University / University of Technology / Technikon if you had registered at another institution.*

\_\_\_\_\_  
\_\_\_\_\_

**2. CONTACT DETAILS**

**2.1 APPLICANT'S DETAILS**

<b>TELEPHONE NUMBERS:</b>		(Home)
		(Work)

**CELLPHONE NUMBER:** \_\_\_\_\_

**NB: SMS messages will be sent to this number**

**E-MAIL ADDRESS:** \_\_\_\_\_

<b>POSTAL ADDRESS</b> (WHERE MAIL MUST BE DELIVERED)	_____
	_____
	_____

**Postal Code** \_\_\_\_\_

NB: Take note that acknowledgements of receipt and other communications will be sent to the above-mentioned address

<b>RESIDENTIAL ADDRESS:</b> (No postal address must be indicated here)	_____
	_____
	_____

**Postal Code** \_\_\_\_\_

**2.2 NEXT OF KIN DETAILS: (COMPULSORY)**

<b>SURNAME:</b> _____	<b>INITIALS:</b> _____	_____
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<b>RELATIONSHIP:</b> _____	<b>TITLE:</b> _____
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<b>TELEPHONE NUMBERS:</b>		(Home)
		(Work)

**CELLPHONE NUMBER:** \_\_\_\_\_

**E-MAIL ADDRESS:** \_\_\_\_\_

<b>RESIDENTIAL ADDRESS:</b> (No postal address must be indicated here)	_____
	_____
	_____

**Postal Code** \_\_\_\_\_

**3. ADDITIONAL INFORMATION FOR REPORTING TO THE DEPARTMENT OF EDUCATION**

<b>3.1 ETHNICITY</b>	African		Asian		Coloured		White	
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<b>3.2 LANGUAGES</b> (mark with an X where applicable)	Home Language
Afrikaans	
English	
isiNdebele	
isiXhosa	
isiZulu	
seSotho	
seSotho sa Lebowa	
Setswana	
siSwati	
Tshivenda	
Xitsonga	
Other	

<b>4. Any disability or special educational needs:</b>	Yes	No	• If YES please complete below
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**CONFIDENTIAL**

**Students with disabilities/special educational needs:**

The unit for Students with Disabilities provides support services for students with disabilities. Please provide the following information to enable the University to offer maximal support to students with special needs:

**Did you apply for residential accommodation?**

Yes
No

**Disability:**

**Please briefly indicate your type of disability and special requirements:**

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5. ACADEMIC DETAILS			
<b>LEVEL OF STUDY</b> (Indicate choice with an X)	Masters	Doctoral	
<b>* DEGREE / DIPLOMA FOR WHICH APPLICATION IS BEING MADE</b>	First Choice:		
	Second Choice		
<b>RESEARCH OR STRUCTURED DEGREE</b> (Indicate choice with an X)	<p><i>For a <b>research degree</b>, the curriculum requires that you compile a dissertation/thesis.</i></p> <p><i>For a <b>structured degree</b>, the curriculum requires that you attend classes and compile a mini-dissertation. If you are uncertain what the curriculum requirements are, please contact your particular Department.</i></p>		
	RESEARCH		STRUCTURED
<b>CAMPUS</b> (Indicate choice with an X)	Alice	Bhisho	East London
<b>TYPE OF STUDY</b>	Full Time		Part time
<b>PREVIOUS YEAR'S ACTIVITY</b> (Indicate choice with an X)	Post School College		Scholar
	University of Technology (Technikon)		University
	Working (employed)		Unemployed

<b>6. FINANCIAL AID (only for RSA citizens):</b>	<b>YES</b>	<b>NO</b>
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**7. FILL IN IF YOU HAD REGISTERED AT ANOTHER UNIVERSITY /TERTIARY INSTITUTION IN THE PAST**

NAME(S) OF UNIVERSITY(TIES) OF TECHNOLOGY (TECHIKON(S)) COLLEGE(S)	DEGREE / DIPLOMA OBTAINED	YEAR(S) OF REGISTRATION		STUDENT NUMBER
		FROM	TO	

<b>HAVE YOU EVER BEEN PROHIBITED FROM PROCEEDING WITH YOUR STUDIES AT ANY UNIVERSITY / UNIVERSITY OF TECHNOLOGY (TECHNIKON) / COLLEGE?</b>	<b>YES</b>	<b>NO</b>
<b>IF SO, WHERE?</b>		

**8. CONCURRENT REGISTRATION AT THIS AND / OR ANOTHER HIGHER EDUCATION INSTITUTION**

A student enrolled at this university may, only with the permission of the Dean / Deans, be registered simultaneously at / for more than one (1) qualification / institution.

**DECLARATIONS WHICH MUST BE COMPLETED AND SIGNED**

DECLARATION BY STUDENT (COMPULSORY)

I hereby surrender all rights to which I am or may be entitled to discharge amounts due to the University.

*Signature of student*.....

Date: .....

## DECLARATION BY APPLICANT

I hereby declare:

Should my application be successful, I undertake to:

- (a) Comply with the general rules and regulations of the University of Fort Hare.
- (b) Inform the Registrar immediately, in writing, of any change of address.
- (c) Acquaint myself with the general rules and regulations relating to the programme for which I am accepted.
- (d) I am fully aware that the University of Fort Hare is under no obligation to provide either financial assistance or accommodation of any kind.
- (e) I acknowledge that all fees have been determined by the Council of the University of Fort Hare.
- (f) I agree that the relevant fees will be paid, as indicated in the Prospectus, by the due dates. If such fees are not paid, I acknowledge the rights of the University to cancel my registration at any time and to claim payment of the amounts owing by me and/or my guardian.
- (g) I declare that all particulars given by me on this form are true and correct.
- (h) I agree that any misrepresentation due to information entered on this form or the withholding of information, shall cause this application to become void or voidable at the discretion of the University without prejudice to its rights.
- (i) Should I, during the course of my studies, at the University, sustain any injuries or contract any illness or suffer any loss or damages, I hereby undertake not to institute any claim against the University on account thereof, irrespective of the cause of such damages or loss. In the event of my death during the course of my studies, this undertaking shall be binding on the executor of my estate and my heirs and successors-in-title. Under the circumstances referred to above, I, or my executor, administrator, heirs, and successors-in-title (in the event of my death) hereby indemnify the University in respect of any damages suffered by me arising from any of the causes referred to above.
- (j) I understand that meeting the minimum admission requirements is no guarantee for admission. The University has other considerations, e.g. academic merit, quotas for academic programme, equity, etc.

I acknowledge that I have read this document, understand its contents and agree to its terms and conditions. I further acknowledge that I am signing this agreement freely and voluntarily.

**Signature of the student:** ..... **Date:**.....





**SEND COMPLETED APPLICATIONS TO:**

**ALICE CAMPUS**

The Registrar  
University of Fort Hare  
Private Bag X1314,  
Alice  
5700

**EAST LONDON CAMPUS**

The Registrar  
University of Fort Hare  
Private Bag X9083  
East London  
5200

**Contact Details**

Alice Campus  
East London Campus

Tel: 040 602 2281 / 2053 / 2512 / 2016  
Tel: 043 704 7004 / 7155 / 7266 / 7139



