

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

March and June / Septemeber Grade 12 Results

School End Certificate

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

Reminder:

- Please register to write the National Benchmark Test (NBT). Details are tabled in the enclosed NBT flyer.

2. CONTACT DETAILS

2. 1 APPLICANT'S DETAILS

TELEPHONE NUMBERS:		(Home)
		(Work)

CELLPHONE NUMBER:

NB: SMS messages will be sent to this number

E-MAIL ADDRESS:

POSTAL ADDRESS (WHERE MAIL MUST BE DELIVERED)	<input type="text"/>	
	<input type="text"/>	
	<input type="text"/>	
Postal Code		<input type="text"/>

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

RESIDENTIAL ADDRESS: (No postal address must be indicated here)	<input type="text"/>	
	<input type="text"/>	
	<input type="text"/>	
Postal Code		<input type="text"/>

2. 2 NEXT OF KIN DETAILS: (COMPULSORY)

SURNAME: <input type="text"/>	INITIALS: <input type="text"/>
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RELATIONSHIP: <input type="text"/>	TITLE: <input type="text"/>
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TELEPHONE NUMBERS:		(Home)
		(Work)

CELLPHONE NUMBER:

E-MAIL ADDRESS:

RESIDENTIAL ADDRESS: (No postal address must be indicated here)	<input type="text"/>	
	<input type="text"/>	
	<input type="text"/>	
Postal Code		<input type="text"/>

3. ADDITIONAL INFORMATION FOR REPORTING TO THE DEPARTMENT OF EDUCATION

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

4. Any disability or special educational needs:	Yes	No	• If YES please complete below
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CONFIDENTIAL

Students with disabilities/special educational needs:

The unit for Students with Disabilities provide 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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.....

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5. ACADEMIC DETAILS			
LEVEL OF STUDY (Indicate choice with an X)	Undergraduate	Advanced / Postgraduate Certificate / Diploma	Honours
* DEGREE / DIPLOMA FOR WHICH APPLICATION IS BEING MADE	First Choice:		
	Second Choice:		
FIELD OF STUDY (Postgraduates only) HONOURS	First choice:		
	Second Choice		
RESEARCH OR STRUCTURED DEGREE (Indicate choice with an X)	<i>For a research degree the curriculum requires that you compile a dissertation/thesis. For a structured degree 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>		
	RESEARCH		STRUCTURED
CAMPUS (Indicate choice with an X)	Alice	Bhisho	East London
TYPE OF STUDY	Full Time		Part time
PREVIOUS YEAR'S ACTIVITY (Indicate choice with an X)	Post School College		Scholar
	University of Technology (Technikon)		University
	Working (employed)		Unemployed

6. FINANCIAL AID (only for RSA citizens):	YES	NO
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7. DETAIL OF SCHOOL RECORD (ONLY UNDERGRADUATE)
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Name of school:																	
Address of school:												Postal Code					
Telephone number of school								Matric Year									
Matric examination Number																	
NATIONAL SENIOR CERTIFICATES (NSC)																	
Senior Certificate obtained before 2008 Type of exemption (Mark with an X)		<i>Endorsement</i>				<i>Conditional Endorsement</i>											
		<i>Senior Certificate without Endorsement</i>				<i>Other (please specify)</i>											

- Applicants who completed the Senior Certificate before 2008 must provide a certified copy of the Senior Certificate and need not complete Section 9

8.	SCHOOL SUBJECTS (for languages, please state whether 1st / 2nd or 3rd language)
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Year	Month	School Subject	Grade 11 (Nov)			Grade 12 (March/Jun)		
			Actual Mark	Out of	Total	Actual Mark	Out of	Total
				Out of			Out of	
				Out of			Out of	
				Out of			Out of	
				Out of			Out of	
				Out of			Out of	
				Out of			Out of	
				Out of			Out of	
				Out of			Out of	
				Out of			Out of	
				Out of			Out of	

GRADE 11 MARKS MUST BE COMPLETED AND ATTACH REPORT

9. IF YOU HAVE BEEN REGISTERED AT ANOTHER UNIVERSITY /TERTIARY INSTITUTION IN THE PAST, PLEASE SUPPLY THE FOLLOWING INFORMATION

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

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

10. 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 cede all rights to which I am or may be entitled to discharge amounts due to the University as aforesaid against the aforesaid facility.

Signature of student:.....

Date:

DECLARATION BY APPLICANT

I hereby declare:

If my application should 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:**.....

DECLARATION BY PARENT / GUARDIAN IN THE CASE OF THE APPLICANT BEING A MINOR

I declare that I am aware that Rules and Regulations exist that have been promulgated by the Council of the University. I confirm that I am aware that the Council may promulgate further Rules and Regulations from time to time and I agree that my son/daughter binds himself / herself to comply with such Rules and Regulations.

I hereby give my permission that my son/daughter may conclude or amend any agreement pertaining to loans / or bursaries with the University.

I hereby declare that I am the legal guardian of the above minor signatory, and I hereby assist, approve, ratify and agree to the above minor signatory signing this document (Waiver of Liability and Indemnity and Declaration).

I hereby waive any and all rights, claims, demands and causes of action which I may have against the University, its employees, contractors and agents arising from the above minor signatory's participation in the degree/diploma and the related activities, including without limitation, any claim for damages to my property or any property in the above minor signatory's possession or under his/her control, and/ or damages resulting from his/her personal injury or death.

I furthermore hereby indemnify the University, its employees, contractors and agents against any and all liability, loss, damages and legal costs which the University, its employees, contractors and agents may incur or sustain as a result of any claims which be instituted by the above minor signatory (after reaching the age of 18 years or while still a minor, with the assistance of his/her guardian) to the extent that the same have arisen from, have occurred during or are in any way related to his/her participation in the degree/diploma and the related activities.

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 voluntarily.

Full names and surname of parent / guardian:

Identity Number:

Signature of parent / guardian:

Date:

Office Use Only

	1st choice	Signature	Date	2nd Choice	Signature	Date	Signature & date when processed by Student Admin
Accepted							
Provisionally accepted							
Waitlisted							
Rejected							
Final Choice					Official Signature:		

SEND COMPLETED APPLICATIONS TO:

<p>ALICE CAMPUS</p> <p>The Registrar University of Fort Hare Private Bag X1314, Alice 5700</p>		<p>EAST LONDON CAMPUS</p> <p>The Registrar University of Fort Hare Private Bag X9083 East London 5200</p>
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Contact Details	<p>Alice Campus Tel: 040 602 2281 / 2053 / 2512 / 2016</p> <p>East London Campus Tel: 043 704 7004 / 7155 / 7266 / 7139</p>
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2017

APPLICATION FOR RESIDENCE ACCOMMODATION

Surname

First Names

Identity Number

Degree Applied for

Student Number

CAMPUS:	ALICE		EAST LONDON	
GENDER:	MALE		FEMALE	

With my signature I declare that the above information is correct

SIGNATURE OF APPLICANT

DATE

For Office Use Only

Residence Allocation: Yes No

Name of Residence:

Room Number:

Signature of Official:

Date:

1. PLACEMENT PROCEDURE

- 1.1 Once a completed application form has been returned, the applicant's name will be placed on the application list of the residence of first choice.
- 1.2 Applications will be selected on application date, admission criteria and diversity targets.
- 1.3 Once an applicant is selected, a written offer of accommodation will be sent including information regarding procedures, conditions, etc.
- 1.5 If the applicant is not selected for any residence, his/her name will remain on the application list of the residence of first choice for possible consideration during future placement opportunities.
- 1.5 Placement in a residence does not imply that admission to any academic degree, diploma or certificate course, or selection course has been obtained.

All prospective student' final acceptance and eventual registration as students remain subject to compliance with the necessary admission requirements of the UFH.
- 1.6 All residence related enquiries to be directed to Residence Manager at: 040 602 2040

