



## APPLICATION FOR ADMISSION Postgraduate 2017

This is an APPLICATION to study at the University of Fort Hare in 2017

### CLOSING DATE FOR ALL ACADEMIC PROGRAMMES: 31th OCTOBER 2016

TAKE ALL INCOMPLETE APPLICATION FORMS WILL NOT BE PROCESSED AND THE APPLICANTS ADMISSION TO ACADEMIC NOTE PROGRAMMES AS WELL AS PLACEMENT IN A RESIDENCE (WHERE APPLICABLE) COULD BE DELAYED:

#### **APPLICATION FEES**

**TUITION:** Non-refundable fee of R120.00 closing 31st October 2016

R250.00 LATE APPLICATION: 01 NOVEMBER - 31st DECEMBER 2016

**RESIDENCE:** Non-Refundable fee of R120-00 closing 31st OCTOBER 2016 & after late app.

Acceptance of accommodation of R1000-00 before 31st December 2016

### **BANKING DETAILS:**

PLEASE ATTACH THE ORIGINAL DEPOSIT SLIP TO YOUR APPLICATION FORM

Bank: Standard Bank

Branch: Alice
 Branch Code: 05 01 19

Account Name: University of Fort Hare

• Account Number: 28 210 1357

• Reference: Applicant's full name

Swift Code: SBZAZAJJ

1. PERSONAL DETAILS								
TITLE:		D NO. / PASSPO	RT NC	). [				
FIRST NAMES:								
SURNAME:								
MARITAL STATUS:								
GENDER:	Male			Fen	nale			
DATE OF BIRTH:	Dd/mm/yyy	y						
STUDENT NUMBER								
RECEIPT NUMBER								

### **NB-: COMPULSORY DOCUMENTS**

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 / Technol	

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2. CONTACT DETAILS					
2.1 APPLICANT'S DETAILS					
TELEPHONE NUMBERS:		(Home)			
		(Work)			
CELLPHONE NUMBER:					
NB: SMS messages will be se	ent to this number				
E-MAIL ADDRESS:		,			
POSTAL ADDRESS (WHERE MAIL MUST BE DELIVERED)					
(WHERE MAIL MOST BE BELIVERED)					
	Postal	Code			
NB: Take note that acknowledgements	of receipt and other communications will be sent to the above-mentione	ed address			
DECIDENTIAL ADDRESS.					
RESIDENTIAL ADDRESS: (No postal address must be indicated here)					
	Postal	Code			
2.2 NEXT OF KIN DETAILS: (	(COMPULSORY)				
SURNAME:	INITIALS:				
	•				
RELATIONSHIP:		TITLE:			
TELEPHONE NUMBERS:		(Home)			
		(Work)			
CELLPHONE NUMBER:					
CELLPHONE NUMBER.					
E-MAIL ADDRESS:					
RESIDENTIAL ADDRESS:					
(No postal address must be indicated here)					
	Postal C	odo			

3. ADDITIONAL INFORMATION FOR REPORTING TO THE DEPARTMENT OF EDUCATION											
3.1	ETHNICITY	African		Asian		Colou	ıred		White		
3.2 LANGUAGES (mark with an X where applicable)						Home Language					
Afrika	ans										
Englis											
isiNde											
isiXho											
sesSo											
	otho sa Lebowa										
Setsw											
siSwa	ati										
Tshive	enda										
Xitsor	nga										
Other											
	ny disability o ducational nee		Yes	No	• If	YES plea	ise com	nplete	below		
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:  Yes											
Did you apply for residential accommodation?  No											
Disability:											
Please briefly indicate your type of disability and special requirements:											

5. ACADEMIC DETAILS							
LEVEL OF STUDY (Indicate choice with an X)	Masters		Doctoral				
* DEGREE FOR WHICH	First Choice:						
APPLICATION IS BEING MADE							
RESEARCH OR STRUCTURED	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.						
DEGREE (Indicate choice with an X)	RESEARCH	I	STRUCTURED				
CAMPUS (Indicate choice with an X)	Alice	Alice Bhisho East Londor					
TYPE OF STUDY	Full Time	,	Part time				
	Post School Col	lege	Scholar				
PREVIOUS YEAR'S ACTIVITY (Indicate choice with an X)	University of Technology	(Technikon)	University				
	Working (emplo	yed)	Unemployed				

6. FINANCIAL AID (only for RS	YES	NO						
7. IF YOU HAVE BEEN REGISTERED AT ANOTHER UNIVERSITY /TERTIARY INSTITUTION IN THE PAST, PLEASE SUPPLY THE FOLLOWING INFORMATION								
NAME(S) OF UNIVERSITY(TIES)  DEGREE / REGISTRATION								
OF TECHONOLGY (TECHIKON(S) COLLEGE(S)	DIPLOMA OBTAINED	FROM	то	STUDENT NUMBER				
HAVE YOU EVER BEEN PROHIBIT WITH YOUR STUDIES AT ANY UNIT TECHNOLOGY (TECHNIKON) / CO	VERSITY / UNIVER		YES		NO			
IF SO, WHERE?			•	•				
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 simultaneiously at / for more than one (1) qualification / institution.								
DECLARATIO	ONS WHICH MUST	BE COMPLE	ETED AND S	IGNED.				
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.
	knowledge that I have read this document, understand its contents and agree to its terms and conditions. I further acknowledge that signing this agreement freely and voluntarily.
Signa	ature of the student:

### For office use only

### PROOF OF ADMISSION FOR POSTGRADUATE STUDIES FROM THE SPECIFIC **DEPARTMENT** I, .....(please print) hereby confirm that student Student number: Name: Ifully complies with the prerequisites of the qualification and CAN be admitted to study ..... at the Department of: ......or provisionally complies with the prerequisites of the qualification and can be admitted to study .....in the Department of .......providing that: Rejected as does **NOT** comply with the prerequisites of the qualification and CANNOT be admitted to study ..... in the Department of or or Cannot be admitted to study ...... as program is full. Signature of Department Head / Programme Director: ...... Tel no: ..... E-Mail: ..... 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 Tel: 040 602 2281 / 2053 / 2512 / 2016 East London Campus Tel: 043 704 7004 / 7155 / 7266 / 7139

# 2017 APPLICATION FOR RESIDENCE ACCOMMODATION

Surnam	
First Na	es
Identity	umber
Degree A	olied for
Student	lumber
CAME	IS: ALICE EAST LONDON
GENE	R: MALE FEMALE
	y signature I declare that the above information is correct  URE OF APPLICANT DATE
Resid Name Room Signa	rice Use Only Ince Allocation:  Yes  No  No  No  Ince Allocation:  Yes  No  Of Residence:  Number:  Ire of Official:
1.	ACEMENT 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 egarding procedures, conditions, etc.
1.5	f the applicant is not selected for any residence, his/her name will remain on the application list of the esidence 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 resident manager at: 040 602 2040