APPLICATION FOR ADMISSION

(All undergraduate, post graduate and international students)
This is an APPLICATION to study at the University of Fort Hare in 2013.

Attach ID Photo here

CLOSING DATE FOR ALL ACADEMIC PROGRAMMES: 30th SEPTEMBER 2012

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

APPLICATION FEES

TUITION: Non-refundable fee of R110-00 on or before 30th September 2012.

Non-refundable fee of R250-00 after 1st October 2012

RESIDENCE: Non-Refundable fee of R110-00 on or before 30th September 2012.

Acceptance of accommodation of R750-00 before 31st December 2012 Non-Refundable fee of R220-00 on or before 1st September 2012.

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

1. PERSONAL DETAILS											
TITLE:		ID Num	ber								
FIRST NAMES:											
SURNAME:											
MARITAL STATUS:											
GENDER:	Male			Female							
DATE OF BIRTH:	Dd/mm/yy	/уу									
STUDENT NUMBER											
RECEIPT NUMBER											

ONE (1) CERTIFIED COPY of each of the following documents must be attached and two (2) in the event of selection coursels (such documents become the property of the University of Fort Hare and will not be returned),	rses:
Identity Document	
Original Proof of payment of application fee	
March and June / Septemeber Grade 12 Results	
School End Certificate	Ш
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.	
Postgraduate applications must be accompanied by all certificates for qualifications already obtained.	
A study permit or proof of permanent residence must be submitted by international applicants	
SAQA Evaluation report for international students	Ш
Reminder:	
 If you are applying for the transfer of credits form another higher education institution Fort Hare, please fill in the attached form. Please register to write the National Benchmark Test (NBT). Details are tabled in the enclosed NBT flyer. 	on to ∍
OFFICE USE ONLY	
RECEIVED AND CHECKED:	
STAFF NUMBER:	

2. CONTACT DETAILS		
2. 1 APPLICANT'S DETAILS		
Z. TAPPLICANT 5 DETAILS		
		(Home)
TELEPHONE NUMBERS:		(Work)
		(22223)
CELLPHONE NUMBER:		
NB: SMS messages will be se	ent to this number	
E-MAIL ADDRESS:		
		\neg
POSTAL ADDRESS		\dashv
(WHERE MAIL MUST BE DELIVERED)		\dashv
	Postal Co	de
NB: Take note that acknowledgements	of receipt and other communications will be sent to the above-mentioned a	
RESIDENTIAL ADDRESS:		
(No postal address must be indicated here)		
	Postal Co	de
2. 2 NEXT OF KIN DETAILS: ((COMPULSORY)	
SURNAME:	INITIALS:	
SOKNAME.	INITIALS.	
RELATIONSHIP:	Ti	TLE:
TELEPHONE NUMBERS:		(Home)
TELEPHONE NUMBERS.		(Work)
CELLPHONE NUMBER:		
E-MAIL ADDRESS:		
		7
POSTAL ADDRESS		
(WHERE MAIL MUST BE DELIVERED)		
(WHERE MAIL MUST BE DELIVERED)	Postal Cod	_
(WHERE MAIL MUST BE DELIVERED)	Postal Code	9
(WHERE MAIL MUST BE DELIVERED)	Postal Code	•
RESIDENTIAL ADDRESS:	Postal Code	•
	Postal Code	

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.5	ADDITIONAL I	NECKMATION	FOR REPORTING	3 IO THE DEPA	RTMENT OF EDU	LAHON

3.1 E	THNICITY	African		Asian		Coloured		White		Ì
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3.2	LANGUAGES (mark with an X where applicable)	Home Language
Afrika	ans	
Engli	sh	
isiNd	ebele	
isiXh	osa	
isiZul	u	
sesS	otho	
sesS	otho sa Lebowa	
Setsv	vana	
siSwa	ati	
Tshiv	enda	
Xitso	nga	
Othe		

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:

Name:		Student No:
Intended area of stud	dy:	
Did you apply for res	sidential accommodation?	Yes
Disability:	Visual Impairment	
	Hearing Impaired	
	Physical Impairment	
	Other:	

Please specify:

5. CITIZENSHIP DETA	AILS (INTERNATI	ONAL A	PPLICAN	TS OI	NLY)					
COUNTRY										
CITIZENSHIP STATUS										
ID NUMBER										
Passport issue date: Expiration date:										
6. ACADEMIC DETAILS										
LEVEL OF STUDY (Indicate choice with an X)	Undergraduate	Advar Postgr Certif Dipl	aduate icate/	Honours		Masters	Doctoral			
* DEGREE / DIPLOMA	First Choice:									
FOR WHICH APPLICATION IS	Second Choice:									
BEING MADE	Third Choice:									
FIELD OF STUDY	First choice:									
(Postgraduates only)	Second Choice									
RESEARCH OR STRUCTURED	For a research degree t For a structured degree uncertain what the curri	the curricul	um requires th	at you a	ttend classes a	and compile a mini-disse	ertation. If you are			
DEGREE (Indicate choice with an X)	RE	ESEARCH	ł			STRUCTURE	ΞD			
CAMPUS (Indicate choice with an X)	Alice		E	Bhisho	•	East L	ondon			
TYPE OF STUDY	Full Time				Part time					
	Post S	School Co	llege		Scholar					
PREVIOUS YEAR'S ACTIVITY (Indicate choice with an X)	University of To	echnology	/ (Techniko	n)	University					
<u> </u>										

Unemployed

Working (employed)

7.	FINANCIAL AID (only for RSA citizens):	YES	NO
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8. DETAIL OF SCHOOL RECORD (ONLY UNDERGRADUATE)

Name of school:													
Address of school:		Postal Code											
Telephone number of school		Matric Year						'ear					
Matric examination Number													
NATIONAL SENIOR CERTIFICA	ATES (NSC)												
Senior Certificate obtained before 2008 Type of exemption (Mark with an X)		Endorsement				Conditional Endorsement							
		Senior Certificate without Endorsement						Other (please specify)					

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

9. | SCHOOL SUBJECTS (for languages, please state whether 1st / 2nd or 3rd language)

,,	Month	School Subject	Gr	ade 11 (No	ov)	Grade 12 (March/Jun)			
Year			Acutual Mark	Out of	Total	Acutual Mark	Out of	Total	
				Out of			Out of		
				Out of			Out of		
				Out of			Out of		
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				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

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

NAME(S) OF UNIVERSITY(DEGREE /		(S) OF RATION							
OF TECHONOLGY (TECHIK) COLLEGE(S)		DIPLOMA OBTAINED	FROM	то	STUDENT NUMBER					
HAVE YOU EVER BEEN PR WITH YOUR STUDIES AT A TECHNOLOGY (TECHNIKO	INU YNA	VERSITY / UNIVER		YES		NO				
IF SO, WHERE?						•				
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 STUD	ENT (CO	MPULSORY)								
I hereby cede all rights to against the aforesaid facilit		am or may be entitled	d to discharge	amounts due	to the U	niversity as aforesaid				
Signature of student:										
Date:										

DECLARATION BY APPLICANT

I her	reby 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.
I am	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:

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:

For office use only

PROOF OF ADMISSION FOR POSTGRADUATE STUDIES FROM THE SPECIFIC **DEPARTMENT** I,(please print) hereby confirm that student Student number: Name: fully 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 ofproviding that:or does **NOT** comply with the prerequisites of the qualification and CANNOT be admitted to study in the Department of Signature of Department Head / Programme Director: Tel no: E-Mail: Date:

Office Use Only

	1st choice	Signature	Date	2nd Choice	Signature	Date	Signature & date when processed by Student Admin
Accepted							
Provisionally accepted							
Waitlisted							
Rejected							
	3rd Choice	Signature	Date				Signature & date when processed by Student Admin
Accepted							
Provisionally accepted							
Waitlisted							
Rejected							
Administrative	Comments:						
Final Choice					Official Signa	nture:	

SEND COMPLETED APPLICATIONS TO:

ALICE CAMPUS

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

EAST LONDON CAMPUS

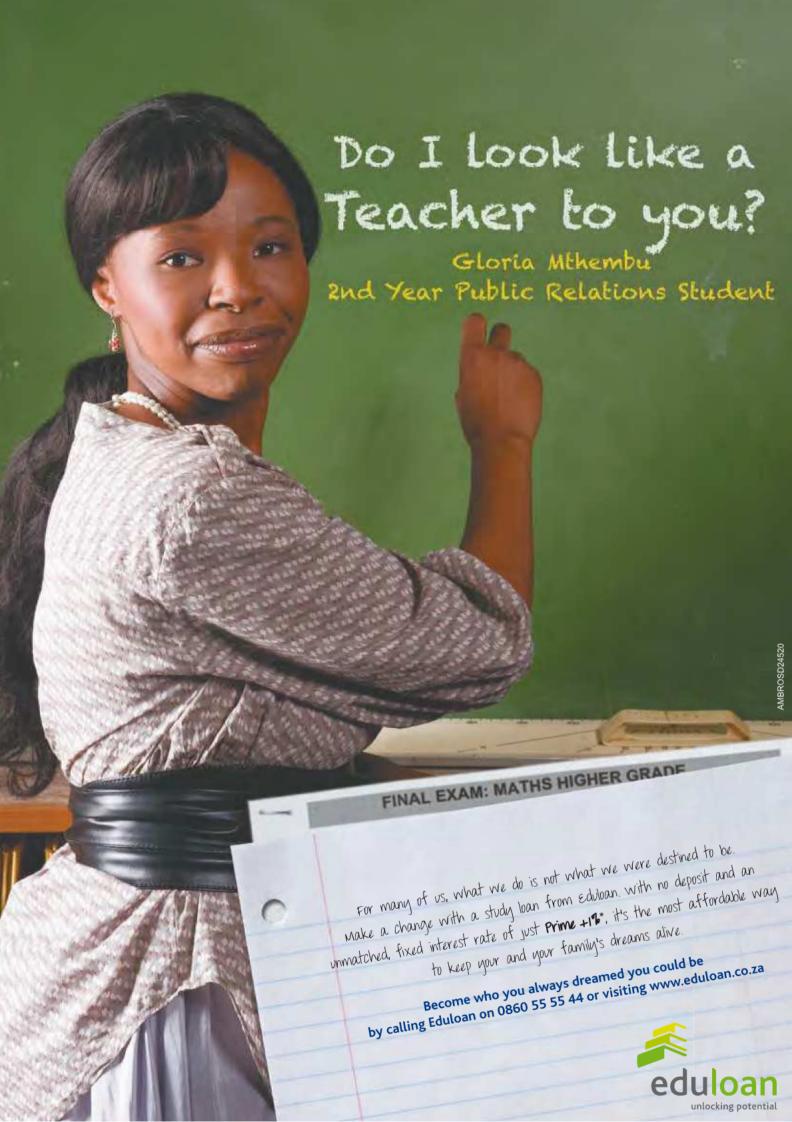
The Registrar University of Fort Hare P.O. Box X9093 East London 5200

Contact Details

Alice Campus Tel: 040 602 2122 / 2281 / 2053 East London Campus Tel: 043 704 7004 / 7155 / 7266

2013 APPLICATION FOR RESIDENCE ACCOMMODATION

Surnam	е					
First Na	mes					
Identity	Number					ID Photo for Residence
Degree A	Applied for					10111051051105
Student	Number					
CAME	PUS:	ALICE		EAST LONDON		
GEND	ER:	MALE		FEMALE		
	TURE OF A			DATE		_
	ence Alloca	-	Yes	No		
Name	of Resider	nce:				
Room	Number: .					
Signa	ture of Offic	oial:				
Date:						
1.	PLACEME	NT PROCEDU	IRE			
1.1	Once a co	ompleted appli n list of the res	cation form haidence of first	as been returned, t choice.	he applicant's	name will be placed on the
1.2	Application	ns will be seled	cted on applic	ation date, admission	on criteria and	diversity targets.
1.3		applicant is se procedures, co			nodation will be	e sent including information
1.4	If the appli list of the r opportunit	esidence of fire	ected for any s st choice for	residence, his/her n possible considera	name will remai tion during futu	n on the application re placement
1.5	Placemen certificate	t in a resider course, or sele	nce does not ection course h	imply that admissi has been obtained.	ion to any aca	ademic degree, diploma or
	All prospe complianc	ctive student' e with the nec	final accepta essary admiss	nce and eventual ision requirements o	registration as f the UFH.	students remain subject to



Unlocking South Africa's potential one study loan at a time.

Founded in 1996, Eduloan has helped over 620 000 South Africans to unlock their potential by providing more than R3 billion worth of study loans at phenomenally low interest rates.

"At Eduloan we are passionate about improving peoples' lives through education," says Michelle Branco, Chief Marketing Officer. "There is a need and willingness among South Africans from all walks of life to better themselves through education – our mission is to provide them with an affordable way of unlocking their potential."

While South Africans might be eager to better themselves, many cannot afford the study financing that commercial banks offer. At the same time however, they do not qualify for government bursaries such as the National Student Financial Assistance Scheme (NSFAS). Eduloan bridges this gap by offering South Africa's most affordable study loans.

"Our partnerships with educational institutions enable us to do this. We negotiate rebate discounts with them, which we then pass on to our customers in the form of affordably low interest rates without any concealed costs," says Branco.

Eduloan delivers accessible interest rates and focuses on educational finance only – which means no hidden agenda and trying to 'lock' customers in with additional products. Our offerings are completely transparent with no extended repayment terms... making our fixed monthly repayments affordable for everyone and easy to budget for with no nasty surprises.

To find out more about Eduloan visit www.eduloan.co.za or call 0860 55 55 44.





"Pre-Agreement Statement, Quotation and Agreement in terms of Section 92 of the National Credit Act, 34 of 2005: Edu-Loan (Pty) Ltd (Reg no: 1996/003961/07) (NCR no: NCRCP158) ("Credit Provider")

Eduloan House, Constantia Park,
Cnr 14th Ave & Hendrik Potgieter Road, Weltevreden Park
PO Box 5287, Weltevreden Park, 1715
Tax Invoice
Vat no: 4550176798
Initiation & admin fe

Vat no: 4550176798 Initiation & admin fee are VAT inclusive Call Centre: 0860 55 55 44 Fax No: 086 633 3832

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	Surname:											CON	SUME	ID No:														
	Name:													Tel (home):														_
	Physical address:													Postal address:														
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	Employer:													Employee No:														
	Occupation:								Year	s in s	ervice	e:		Tel (work):														
	Email address:																											
	Service Provider: Ins	stitution:														Books	tore:	(Cell:									
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	Educational institution:													Applying for:	Certif	ficate		Diplon	na		Degi	ree	ŀ	lone	ours		Mast	ers
	Faculty:																											
										C	ONS	SLIM	FR'S	INCOME DETAILS	:													
	Basic salary excludin	g overtime	and b	onus:							R	JOIN		INCOME DETAILS			CC	MME	NTS	RELA	TING	з то	INC	ОМЕ				
	Nett salary excluding	overtime a	and bo	nus:							R																	
АЗ	Other income (e.g. ma	aintenance	, pens	ions, e	etc	pleas	se pro	vide p	oroof)	:	R																	
	Total monthly income:																											
	Total monthly expenses (e.g. food, clothes, insurance, housing, etc.):																											
	Total monthly disposable income:																											
		able incom	e:																									
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By signing this the Consumer confirms acceptance of the quotation and that a binding agreement is concluded on the above ferms and Conditions read with Part 8 hereof, the contents of which are deemed to be incorporated herein, unless the Credit Provider rejects the application, in which case the Consumer will be advised accordingly in writing or electronically. The loan will only be made available to the Consumer subject to the Credit Provider undertaking an assessment and being satisfied that the Consumer can afford the loan.

Consumer	Spouse (if married in COP to consumer)	Credit Provider Representative	Witness 1	Witness 2
D D / M M / Y Y		DDMMM	DDMMMYY	