



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.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: FIRZAJJ (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

Ms

Other

SECTION A: ACADEMIC APPLICATION

1. CHOICE OF STUDY PROGRAMME

Please tick the box indicating your choice of study area. If more than one, indicate order of preference (eg. 1,2,3...).

Please refer to the prospectus for all admission requirements. Only apply for programmes that you qualify for.

PLEASE REFER TO OUR WEBSITE www.spu.ac.za FOR UPDATES ON PROGRAMMES.

Bachelor of Education (Intermediate Phase):

- Languages, Mathematics,
Natural Sciences and Technology (721)
- Languages, Social Science and Life Skills (722)

Bachelor of Education (Senior Phase and FET Teaching):

- Life Sciences, Mathematics and Natural Sciences (731)
- Geography, Mathematics and Technology (732)
- Languages (734)
- History, Geography and Social Sciences (735)
- Physical Sciences and Mathematics (736)
- Mathematics (737)
- Economic and Management Sciences (738)

Bachelor of Commerce

Diploma in Retail Business Management

Bachelor of Science (Data Science)

Bachelor of Science:

- Mathematical and Computer Sciences
- Physical Sciences
- Biological Sciences

**Diploma in Information and Communication
Technology (Applications Development)**

Bachelor of Arts

Higher Certificate in Heritage Studies

2. PERSONAL DETAILS

Title Mr Mrs Ms Other

Surname

Full Names

Gender Female Male **Date of Birth** - -

(please tick ✓)

3. CITIZENSHIP

Are you a South African citizen? (please tick ✓) Yes No

If yes, South African ID Number

(Please submit a certified copy of your ID.)

If not a South African citizen or permanent resident:
Passport number and Nationality:

**PLEASE SUBMIT A CERTIFIED COPY OF YOUR PASSPORT.
WE WILL REQUIRE A VALID STUDY PERMIT WITH REGISTRATION**

4. PERSONAL INFORMATION

Note that this information is required for statistical purposes for us to ensure that we address your needs wherever we can. Please tick (✓) the appropriate box.

Population Group	Black	Coloured	White	Indian	Chinese
	Other (Please specify):				
Marital Status	Single	Married	Widower	Divorced	Separated
Home Language	Afrikaans	English	Isizulu	Ndebele	Sepedi
	SeSotho	Setswana	Siswati	Sixhosa	Tshivenda
	Xitsonga	Other (Please specify):			
Religious Affiliation	Christian	Hindu	Jewish	Muslim	None
	Other (Please specify):				
Disability or Special needs	Blindness	Deafness	Partial Hearing	Partially Sighted	Learning Disability
	Speech	Cerebral Palsy	Paraplegic	Impaired Mobility	ADD/ADHD (chronic)
	Quadriplegic	Other (Please specify):			

It is important to inform us of your special needs at the time of application. You should also attach any supporting documentation that may assist us in trying to accommodate your needs.

Sport Involvement Inform us of the sport you formally participated in and the level of your participation.

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: NEXT OF KIN DETAILS – PARENT / GUARDIAN

Relationship

Mother

Father

Other

Title

Mr

Mrs

Ms

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

e-mail address:

7. DETAILS OF PERSON LIABLE FOR SETTLEMENT OF FEES

Also refer to page 7.

Title Mr Mrs Ms 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** - -

e-mail address:

8. ACADEMIC HISTORY – SOUTH AFRICAN QUALIFICATIONS

Please submit a certified copy of your Senior / National Senior Certificate or June examination results AND Grade 11 final results if currently in Grade 12.

Current school / Last school attended **Name of School**

City/Town

Grade 12 Particulars (To be completed by applicants currently in Grade 12.)

School at which you will write your examination at the end of the year: **Your Examination Number (If applicable)**

NSC Subjects to be written	1.	5.
	2.	6.
	3.	7.
	4.	8.

Examining Authority To be completed by all applicants writing a South African matric. (please tick ✓)

Eastern Cape	Free State	Gauteng	KwaZulu-Natal	Limpopo
Mpumalanga	Northern Cape	North-West	Western Cape	IEB

9. INTERNATIONAL QUALIFICATIONS

Complete this section only if you are writing or have written a NON-SOUTH AFRICAN EDUCATIONAL QUALIFICATION.

Have you completed your qualification? (please tick ✓) Yes No If yes, please submit certified copies of your school-leaving certificates, including the evaluation by the South African Qualifications Authority (SAQA).

Kindly complete the section below if your qualification examinations are to be written at the end of the current year.

Month of Examination:

Examining Authority:

INTERNATIONAL APPLICANTS TO SUBMIT THE FOLLOWING DOCUMENTS:

- A. VALID STUDY PERMIT;
- B. PROOF OF FUNDING;
- C. PROOF OF MEDICAL INSURANCE;
- D. SAQA EVALUATION OF SCHOOL LEAVING QUALIFICATION;
- E. MATRICULATION BOARD EVALUATION DOCUMENT FOR ADMISSION TO A SOUTH AFRICAN UNIVERSITY;
- AND
- F. EXEMPTION FROM THE MATRICULATION BOARD

Kindly contact the Admissions Office at admissions@spu.ac.za if you need any further assistance.

10. PREVIOUS AND CURRENT TERTIARY EDUCATION STUDIES

***COMPULSORY for all students who have previously attended other universities or institutions.**

Certified copies of academic transcripts and code of conduct must be attached by all applicants.

You are required to disclose all tertiary registrations, even if you have cancelled your studies.

Your application will not be processed 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

The University has limited residence accommodation available. This will generally be shared accommodation and will only be available to registered students.

Do you wish to apply for university residence accommodation? (please tick ✓) Yes No

IF YES, PLEASE COMPLETE THE ATTACHED RESIDENCE FORM.

The University reserves the right to place students in Residence and therefore application for Residence is **NOT** a guarantee of placement.

Residence allocations are done separately by the Student Affairs Department.

SECTION C: FINANCIAL AID

There is a wide range of possible sources of financial support for higher education students in South Africa. These range from bursaries and government departments or municipalities to private loans from the commercial banking OR mining sector. **Students are encouraged to investigate all possibilities and apply in time for financial aid. It 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.

SECTION 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
(Refer to section 9, page 5)
5. Academic transcripts and Code of Conduct from previous university/institution - if applicable
(Refer to section 10, page 5)
6. Completed residence application form
(if applicable)

FAILURE TO SUBMIT ALL THE REQUIRED DOCUMENTATION, WILL RESULT IN YOUR APPLICATION NOT BEING PROCESSED.

Where have you heard about the University: (please tick ✓)

- | | |
|---|--|
| 1. School visit <input type="checkbox"/> | 2. Open day..... <input type="checkbox"/> |
| 3. Career exhibition..... <input type="checkbox"/> | 4. Social media..... <input type="checkbox"/> |
| 5. Printed media (Newspaper, etc.) <input type="checkbox"/> | 6. Word of mouth..... <input type="checkbox"/> |
| 7. Internet <input type="checkbox"/> | 8. Other (Specify)..... <input type="checkbox"/> |

SECTION D: LEGAL DECLARATION OF INDEMNITY AND UNDERTAKING

Applicants under the age of 18 years old must be assisted by their parent or guardian as indicated under *Next of Kin* in Section 6 on page 3).

I, _____
THE APPLICANT, AND

I, _____
THE PARENT/GUARDIAN /NEXT OF KIN OF THE APPLICANT –hereby

1. acknowledge that the University does not accept responsibility for damage or loss in respect of my property or in respect of property brought onto University premises by me;
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 University with all the information necessary to make an informed decision about my admission;
6. undertake to unconditionally pay all fees, charges and equipment surcharges payable to the University as they fall due for payment for any period for which I am or may become a registered student or the applicant is or may become a registered student of the University; and
7. consent to my examination results being made available to the relevant bursary donor(s) and / or lenders.

ALL APPLICANTS AND PARENT OR LEGAL GUARDIAN MUST SIGN BELOW.

FULL NAME (Applicant)	SIGNATURE	DATE
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FULL NAME (Parent/Guardian)	SIGNATURE	DATE
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PERSON LIABLE FOR SETTLEMENT OF FEES

- I undertake to settle all tuition and other fees due to the University by the due date.
- I may make suitable arrangements to settle the outstanding charges as per the University’s Policy on Student Debt.
- I also consent to the University imposing credit control restrictions if the debt is not settled.

FULL NAME	SIGNATURE	DATE
-----------	-----------	------

STUDENT NUMBER

2	0				-					
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Programme	Applied for	Provisional	Firm Offer	Waitlisted	Unsuccessful
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BACHELOR OF EDUCATION: Intermediate Phase

- Languages, Mathematics, Natural Sciences and Technology (721)
- Languages, Social Sciences and Life Skills (722)

BACHELOR OF EDUCATION: Senior Phase and FET Teaching

- Life Sciences (FET); Natural Sciences (SP); Mathematics (SP) (731)
- Geography (FET); Technology (SP); Mathematics (SP) (732)
- Two Languages (FET) and one Language (SP) OR one Language (FET); Language (SP); History (FET) (734)
- History (FET); Social Sciences (SP) and Language (SP) (735)
- Physical Sciences (FET) PLUS Mathematics (SP and FET) OR Natural Sciences (SP and Mathematics (SP) (736)
- Mathematics (FET); Mathematics (SP); Mathematical Literacy (FET) (737)
- Accounting (FET)/Economics (FET)/Business Studies (FET) PLUS Economic and Management Sciences (SP) (738)

- DIPLOMA: Information and Communication Technology
- BACHELOR OF SCIENCE: Mathematical and Computer Sciences
- BACHELOR OF SCIENCE: Physical Sciences
- BACHELOR OF SCIENCE: Biological Sciences
- BACHELOR OF SCIENCE: Data Science

- HS: HERITAGE STUDIES
- BACHELOR OF ARTS

- DIPLOMA: RETAIL BUSINESS MANAGEMENT
- BACHELOR OF COMMERCE

NATIONAL SENIOR CERTIFICATE RESULTS:

Currently In Grade 12	<input type="text"/>	Admission To Diploma	<input type="text"/>
Admission To Bachelor's Degree	<input type="text"/>	Admission To Higher Certificate	<input type="text"/>
AP Score:	<input type="text"/>		
Additional Qualifications:	<input type="text"/>		

FINAL APPROVAL TO BE COMPLETED BY PROGRAMME HEAD

APPLICANT SUCCESSFUL		APPLICANT UNSUCCESSFUL	
Signature:	Date:	Signature:	
Comment:		Reason:	

Captured by:	Staff No:	Date:
Checked by:	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 OF STUDY APPLIED FOR

1st Choice 2nd Choice

PERSONAL DETAILS

<p>Surname <input style="width: 430px; height: 20px;" type="text"/></p> <p>First Names (As stated on ID/Passport) <input style="width: 430px; height: 20px;" type="text"/></p> <p>Title (Please tick ✓)</p> <table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 33%;">MR</td> <td style="width: 33%;">MRS</td> <td style="width: 33%;">MS</td> </tr> </table> <p>Physical Address <input style="width: 430px; height: 20px;" type="text"/> <input style="width: 430px; height: 20px;" type="text"/></p> <p style="text-align: right;">Postal Code <input style="width: 40px;" type="text"/><input style="width: 40px;" type="text"/><input style="width: 40px;" type="text"/><input style="width: 40px;" type="text"/></p>	MR	MRS	MS	<p>ID/Passport Number <input style="width: 430px; height: 20px;" type="text"/></p> <p>Area Code <input style="width: 40px;" type="text"/> Home Telephone Number <input style="width: 430px; height: 20px;" type="text"/></p> <p>Mobile Phone Number <input style="width: 430px; height: 20px;" type="text"/></p> <p>E-Mail Address <input style="width: 430px; height: 20px;" type="text"/></p> <p>Postal Address (if different from physical address) <input style="width: 430px; height: 20px;" type="text"/> <input style="width: 430px; height: 20px;" type="text"/></p> <p style="text-align: right;">Postal Code <input style="width: 40px;" type="text"/><input style="width: 40px;" type="text"/><input style="width: 40px;" type="text"/><input style="width: 40px;" type="text"/></p>
MR	MRS	MS		

DETAILS OF YOUR PARENT/GUARDIAN/NEXT OF KIN (COMPULSORY)

<p>Surname <input style="width: 430px; height: 20px;" type="text"/></p> <p>First Names (As stated on ID/Passport) <input style="width: 430px; height: 20px;" type="text"/></p> <p>Title (Please tick ✓)</p> <table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 33%;">MR</td> <td style="width: 33%;">MRS</td> <td style="width: 33%;">MS</td> </tr> </table> <p>Relationship to applicant:</p> <p>Parent <input style="width: 30px; height: 20px;" type="checkbox"/></p> <p>Guardian <input style="width: 30px; height: 20px;" type="checkbox"/></p> <p>Next of Kin <input style="width: 30px; height: 20px;" type="checkbox"/></p> <p>Physical Address <input style="width: 430px; height: 20px;" type="text"/> <input style="width: 430px; height: 20px;" type="text"/></p> <p style="text-align: right;">Postal Code <input style="width: 40px;" type="text"/><input style="width: 40px;" type="text"/><input style="width: 40px;" type="text"/><input style="width: 40px;" type="text"/></p>	MR	MRS	MS	<p>ID/Passport Number <input style="width: 430px; height: 20px;" type="text"/></p> <p>Area Code <input style="width: 40px;" type="text"/> Home Telephone Number <input style="width: 430px; height: 20px;" type="text"/></p> <p>Area Code <input style="width: 40px;" type="text"/> Work Telephone Number <input style="width: 430px; height: 20px;" type="text"/></p> <p>Mobile Phone Number <input style="width: 430px; height: 20px;" type="text"/></p> <p>E-Mail Address <input style="width: 430px; height: 20px;" type="text"/></p> <p>Postal Address (if different from physical address) <input style="width: 430px; height: 20px;" type="text"/> <input style="width: 430px; height: 20px;" type="text"/></p> <p style="text-align: right;">Postal Code <input style="width: 40px;" type="text"/><input style="width: 40px;" type="text"/><input style="width: 40px;" type="text"/><input style="width: 40px;" type="text"/></p>
MR	MRS	MS		

PLEASE TURN OVER

FOLLOWING INFORMATION TO BE COMPLETED BY THE STUDENT. (please tick ✓)

Do you have any disabilities or serious illness? YES NO

If 'YES', please specify.

Population Group Black Coloured White Indian Chinese Other

Special dietary requirements

Non-Academic Activities

Please list all non-academic activities that you would like to participate in (e.g. sport, cultural, etc.)

1.	<input type="text"/>
2.	<input type="text"/>
3.	<input type="text"/>
4.	<input type="text"/>

APPLICANT'S SIGNATURE

Date

D	D	-	M	M	-	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---

FOR OFFICE USE ONLY

STUDENT NUMBER	RESIDENCE	ROOM NUMBER
<input type="text"/>	<input type="text"/>	<input type="text"/>

RESIDENCE MANAGER Date

D	D	-	M	M	-	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---

CAPTURED BY	<input type="text"/>	DATE	<input type="text"/>
CONTROLLED BY	<input type="text"/>	DATE	<input type="text"/>