



UNIVERSITY OF TM
KWAZULU-NATAL
INYUVESI
YAKWAZULU-NATALI

APPLICATION FOR POSTGRADUATE ADMISSION

(International and Local)

Note: Completed applications for all campuses must be forwarded to the Applications and Information Office at:

Postal Address

University of KwaZulu-Natal
Applications and Information Office
Durban
4041

Physical Address

University of KwaZulu-Natal
Applications and Information Office
Shepstone Building Level 4
Howard College Campus
King George V Ave/Mazisi Kunene Rd
Glenwood
Durban

FOR OFFICE USE ONLY:

NAME: _____

STUDENT NO:

DEGREE/DIPLOMA: _____

LOCAL:

INTERNATIONAL:

Please read these notes before completing the attached application form

1. The non-refundable **application fee** or proof of payment **MUST** accompany this application form. Application fees sent by post should be paid by cheque or postal order, not cash. **Please ensure that cheques or postal orders are made out to the University of KwaZulu-Natal. International and local applicants:** Application fees can be paid by electronic transfer/bank deposit. Please find banking details below.
2. The application form **MUST** be **completed as fully and as accurately as possible** to avoid delay in processing. Use names appearing on the identity document when completing the form.
3. The University of KwaZulu-Natal is an English medium university. International students from non-English speaking countries must provide proof of English proficiency. Please refer to the Postgraduate Application Guide for further information.
4. Applicants whose previous degrees were obtained at a foreign university or from universities outside South Africa must have their qualifications evaluated by South African Qualifications Authority (SAQA) prior to submitting an application to the University.
5. If you have **attended another university** please submit a full academic record or you must arrange for the Registrar of that University to submit to this University a full academic record for all years of study and a certificate of conduct to the University of KwaZulu-Natal.
6. If you are applying for a Masters Degree or Phd please submit a proposal on your chosen area of research together with your application.

Evaluation:

International applicants are required to have their qualifications assessed by the South African Qualification Authority (SAQA).

Please allow for evaluation turnaround time up to three months depending on the rate/amount you have paid. Please refer to the SAQA website.

They can be contacted at: Tel: +27 (0)12 431 5070 or

Email: ceeq@saqa.org.za or consult: www.saqa.org.za

Students with Disabilities:

Please contact the Co-ordinator at the Student Counselling Centre for information on services, equipment and support available to students.

Howard College – Tel: +27 (0)31 260 3070/3140

Pietermaritzburg – Tel: +27 (0)33 260 5213/5233

Westville – Tel: +27 (0)31 260 7706/7888

Edgewood – Tel: +27 (0) 260 3665

Application Fees:

| | |
|----------------------------|-------|
| Local students | R175 |
| SADC & countries in Africa | R420 |
| Countries outside Africa | \$130 |

The banking details are as follows:

Name: UKZN Main Bank: Standard Bank
Acc. No: 05 308 0998 Branch: Westville
Branch Code: 045426 Type of account: Business Current Account
Reference: F001 11402 with applicant's full name
Swift code: SBZAZAJJ

Please provide your details on the deposit slip and submit proof of payment on submission of your application.

Needing Assistance:

If you need assistance in selecting programmes, choosing your majors, career or personal guidance, or testing you can contact a counsellor at one of our Student Counselling Centres:

Howard College – Tel: +27 (0)31 260 2668/9

Pietermaritzburg – Tel: +27 (0)33 260 5233

Westville – Tel: +27 (0)31 260 7337/7751

Residence Queries:

For all residence queries please phone the relevant campus:

Edgewood – Tel: +27 (0)31 260 3611

Howard College – Tel: +27 (0)31 260 2282

Medical School – Tel: +27 (0)31 260 2082

Pietermaritzburg – Tel: +27 (0)33 260 2793

Westville – Tel: +27 (0)31 260 8070

Closing Dates:

Please refer to the Postgraduate Application Guide for information on the closing dates for each College.

Health Care Insurance:

(Applicable to International Applicants only)

In terms of the *Immigration Amendment Act 19 of 2004* any prospective student coming to the Republic of South Africa, must provide proof of medical cover with a medical scheme registered in terms of the *Medical Schemes Act, 1998 Act 131 of 1998*. The University of KwaZulu-Natal thus only accepts South African Medical Aid products approved in terms of the Medical Aid Schemes Act referred to above. To comply with the regulations, the University requires proof of full Medical Aid cover with a **South African** based medical aid scheme for the full academic period of study. Such cover must cover the **minimum** of hospitalisation, emergencies and day-to-day cover including medicine and doctor's visits. It is thus advisable to make the necessary financial arrangements for the medical aid cover **prior** to your entry into South Africa.



APPLICATION FOR POSTGRADUATE ADMISSION

FOR OFFICE USE ONLY:

Student no:

| | | | | | | | | | |
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Fees:

App. Fee Paid: R _____

Receipt No: _____

Date: _____

Into ITS:

By: _____ Date: _____

Selection Decision:

Date: _____

- Have you been registered as a student at University of Natal/University of Durban-Westville/University of KwaZulu-Natal before? YES NO
- If yes, what was your Student No. (if available)?

1. DEGREE FOR WHICH APPLICATION IS BEING MADE

Year of entry: 2 0 Entry Term: Semester: 1 2 Year of study for this degree/diploma (eg. 1st):

Degrees/Diplomas/Programmes applying for:

OFFICIAL USE

| Choice Order | Campus | Proposed Degree/Diploma | Programme/Discipline | Full or part-time | Approved | Date |
|--------------|--------|-------------------------|----------------------|-------------------|----------|------|
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |

*For Masters students only

Masters candidates: Is this a Coursework Masters? YES NO

Medical Practitioners: HPCSA Registration number MP _____

Please ensure that the programme name/s are indicated.

2. PERSONAL DETAILS

Dr/Rev/Mr/Mrs/Miss/Ms: _____ Surname: _____

First Name: _____ Middle Name(s): _____

Maiden Name (if applicable): _____

Gender: Male Female

Marital Status: Married Single Divorced Widowed Separated

Confidentiality:

Do you wish your name/address to be kept confidential between yourself and the University? Yes No

Note: Disclosure of information is subject to the Promotion of Access to Information Act and other relevant laws.

Religion: _____ (optional)

Race: African Coloured Indian White Other _____ (specify)

Home Language: _____

Date of Birth: DAY MONTH YEAR

SA ID No.:

Persal number (teachers only):

3. RESIDENCY

- Are you a permanent resident of SA? YES NO
- If not, what is your country of permanent residence? _____
- Passport No.:

| | | | | | | | | | | | | | | | | | | | |
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- Expiry Date

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| DAY | | |
|-----|--|--|

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| MONTH | | | |
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|------|--|--|--|--|
| YEAR | | | | |
|------|--|--|--|--|
- Res Permit No.:

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 (if in possession)
- Expiry Date:

| | | |
|-----|--|--|
| DAY | | |
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| MONTH | | | |
|-------|--|--|--|

| | | | | |
|------|--|--|--|--|
| YEAR | | | | |
|------|--|--|--|--|

4. POST-SCHOOL ACTIVITIES

Present activity (Please tick)

| | | |
|----------------------------|----|--|
| *University student | 01 | |
| Teacher's Training College | 02 | |
| Technikon Student | 03 | |
| College of Nursing student | 04 | |

| | | |
|------------------------------------|----|--|
| Technical College student | 05 | |
| Labour Force (Employed) | 07 | |
| Standard 10 pupil/Grade 12 learner | 08 | |
| OTHER (_____) | 09 | |

* If university student, please state name of the last institution in section 9 on page 5 and submit academic record and certificate of good conduct:

NOTE: The code structure has been set up (by ITS) in terms of government reporting requirements.

| | | | |
|--|-----|-----------------------|--|
| If you are employed please complete the following: | | | |
| Name of Company/Institution | | | |
| Address of Company/Institution | | | |
| Post Code | | Telephone No. (Work): | |
| | | Area dialling code: | |
| Fee Account to Employer | Yes | No | |

5. ENGLISH PROFICIENCY

APPLICABLE TO INTERNATIONAL APPLICANTS ONLY

Applicants applying for admission into a degree programme at the University need to demonstrate that they have obtained one of the following levels of English proficiency.

1. A pass in an examination equivalent to English at Home or First Additional language level in the NSC (National Senior Certificate) or at the Higher Grade (First or Second Language) at the South African Senior Certificate level (matriculation).
2. A pass in English language at A-level, or O-level (C-symbol or higher), or the International Baccalaureate or equivalent examination.
3. For international applicants who do not satisfy (1) or (2) above and for whom English is a foreign language:
 - an overall band score of 7.0 on the International English Language Testing System (IELTS) for Postgraduate studies and 6.0 for Undergraduate studies, or
 - a test score of 550 on the paper version of the Test of English as a Foreign Language (TOEFL) or a score of at least 80 on the IBT (electronic) version of the test. See Postgraduate Application Guide for more details.

Scores need to be submitted with application forms.

Name of document: _____

6. ADDRESS AND CONTACT DETAILS

Postal Address: _____

Postal Code: _____

Country (if not SA): _____

Physical address (different from postal):

Town/City: _____

Country (if not SA): _____

Contact Telephone Numbers:

Work: Code: _____ No: _____

Home: Code: _____ No: _____

Fax: Code: _____ No: _____

Cell: _____

E-mail: _____

7. NEXT-OF-KIN INFORMATION

Title: _____ Surname: _____ First Name (or preferred name): _____

Relationship: Father Mother Spouse Brother Sister
 Grandparent Child Guardian Other

Postal Address: _____

Postal Code: _____

Country (if not SA): _____

Physical address: _____

Town/City: _____

Country (if not SA): _____

Contact Telephone Numbers:

Work:

Code: _____ No: _____

Home:

Code: _____ No: _____

Fax: _____

Code: _____ No: _____

Cell: _____

E-mail: _____

8. HIGH SCHOOL DETAILS

Year of last school leaving certificate (equivalent to Grade 12):

Name of school certificate/diploma: _____

Examination No (if available): _____

NB: INTERNATIONAL APPLICANTS TO CHECK EQUIVALENCE WITH MATRICULATION BOARD

Type of Matriculation Exemption already held: (Please tick one)

| | | | | | |
|----|----------------------|--|----|--|--|
| 01 | Full Exemption | | 07 | Other Senior Certificate | |
| 03 | Ordinary Conditional | | 08 | NTC3/N3/NSC | |
| 04 | Mature Age Exemption | | 09 | Standard 10 Practical | |
| 05 | Foreign Exemption | | 10 | Other | |
| 06 | Immigrants Exemption | | 11 | Discretionary Provision (Senate exemption) | |

NOTE: The code structure has been set up by ITS in terms of government reporting requirements.

| | SCHOOL NAME | YEAR | | Examination Authority | Grades/Forms Passed |
|---|-------------|------|----|-----------------------|---------------------|
| | | From | To | | |
| 1 | | | | | |
| 2 | | | | | |

9. POST SCHOOL ENROLMENT

| | INSTITUTION NAME | NAME OF DEGREE/DIPLOMA/ CERTIFICATE | Completed | | AWARD DATE IF COMPLETED | YEARS ATTENDED | |
|---|------------------|--|-----------|----|----------------------------|----------------|----|
| | | | Yes | No | | From | To |
| | | | 1 | | | | |
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| 6 | | | | | | | |

Have you ever been registered, refused entry, excluded or expelled from any university, college or technikon? YES NO

If "Yes", please provide the details. If previously registered, please provide documentary proof

Have you ever been refused entry to, excluded or expelled from a residence of any university, college or technikon? YES NO

If "Yes", provide the details: (use separate paper if required) _____

10. MEDICAL INFORMATION

10.1 DISABILITY INFORMATION

The University is sensitive to the needs of students with disability, and will attempt to provide support where possible.

Do you have any disability, physical or otherwise, that might require support? YES NO If "Yes", please indicate:

Persons with a Visual Impairment

Blind

Partially sighted

Persons with a Hearing Impairment

Partially deaf

Mild to moderately deaf

Persons with a Physical Impairment

Uses a wheelchair

Uses crutches/callipers

Persons with paraplegia/quadruplegia/hemiplegia/post-polio paralysis

Other (please specify)

Persons with Diabetes

Persons with Epilepsy

Persons with Cerebral Palsy

Persons with Intellectual/Psychiatric/Psychological Impairment

Persons with Medical/Chronic Ailments that require support (Please specify)

Other (Please specify)

10.2 COMPULSORY FOR INTERNATIONAL APPLICANTS ONLY

Health Insurance

I _____ (name) confirm that I will/have applied for medical cover with a medical scheme registered in terms of the Medical Schemes Act, 1998 Act 131 of 1998.

11. RESIDENCE APPLICATION

Do you wish to apply for admission to University Residence? YES NO

If yes, which Campus? Howard College Pietermaritzburg Edgewood Medical School Westville

If you are unsuccessful in obtaining accommodation in a University Residence, where will you stay? _____

12. FUNDING OF STUDIES

How do you propose to finance your studies? _____

NOTE: A REGISTERED STUDENT IS RESPONSIBLE FOR PAYMENT OF ALL FEES EVEN IF FUNDED BY A SPONSOR.

13. DECLARATION AND UNDERSTANDING

To be completed with the assistance of Parent/Guardian where applicant is under 18 years of age (a minor).

If my application is successful and I accept the offer of a place to study at the University of KwaZulu-Natal,

1. I undertake
 - 1.1 To comply with the procedures, rules and regulations of the University of KwaZulu-Natal.
 - 1.2 To inform the Registrar immediately, in writing, if I change my address or if I intend cancelling my provisional acceptance.
 - 1.3 To acquaint myself with all the rules and general regulations that relate to the degree for which I am applying.
 - 1.4 To make alternate arrangement for accommodation should the University accept me for the degree and cannot offer me accommodation.
2. I/We hereby accept liability for the payment of all tuition fees or other fees which may be charged by the University as a result of my/his/her studies at the University.
3. I am aware that my enrolment is valid only if it complies with the regulations of the degree concerned, notwithstanding the acceptance of this application by the University.
4. I/We accept the responsibility of submitting all documents required by the University before the stipulated due dates.
5. I declare
 - 5.1 That I make this application and give the declarations and understandings with the knowledge and consent of my parent/guardian/employer.
 - 5.2 I warrant that the information contained herein is true and correct and the University shall be entitled to declare the contract void and cancel my registration if I have made any misrepresentation or omission on this application.

Signature of Student

Date

Signature of Parent/Guardian

Date

SURETYSHIP To be completed with the assistance of Parent/Guardian where applicant is under 18 years of age (a minor).

I, the undersigned lawful parent/guardian of the applicant, do hereby bind myself to the University of KwaZulu-Natal as surety in solidum and co-principal debtor with the above-named applicant for the due payment of all fees and other charges due and payable to the University of KwaZulu-Natal in terms of the relevant applicable annual schedule of fees. The surety will operate as a continuing covering suretyship. I agree that I will not be released from liability under this suretyship in any circumstances whatever, except with the University of KwaZulu-Natal's written consent and in particular, I shall not be released by reason of the fact that the aggregate amount owed to you by the applicant may fluctuate and may at times be nil.

Please print full name of Surety/Parent/Guardian: _____ Identity no.: _____

Address: _____

Which will be my domicilium citandi et executandi (permanent residential address) for all purposes under this document which means that I will accept service of all notices, documents and legal proceedings against me. In the event of my changing this address I agree to inform the Student Debtors Section of the Finance Department of the University of KwaZulu-Natal of any change in my address.

Signature parent/guardian

Date

CHECKLIST

Please ensure that the following relevant documents are enclosed with this application

- Have you indicated your choice of degree/diploma and campus? YES NO
- Have you enclosed the non-refundable application fee? YES NO
- Have you enclosed all the required documentation:
 - Copy of ID Document/Passport YES NO
 - Academic Record (if studied previously) } English translation YES NO
 - Degree Certificate (if studied previously) } if applicable YES NO
 - Senior Certificate/Matric Certificate/O/A Levels or relevant school leaving qualification/certificate YES NO
 - Copy of SAQA Certificate } Compulsory for YES NO
 - Residency/Temp Residency Permits } international YES NO
 - English Proficiency proof } students only YES NO
- Have you read and understood the medical insurance requirements (applicable to International Students only)? YES NO
- Have you completed the residence section (10) if applicable? YES NO
- Have you filled in the application form in full? YES NO

FOR OFFICIAL USE

This section to be completed by the HEAD OF DISCIPLINE in which you intend to register

DISCIPLINE OF STUDY (not dissertation/thesis title): For Research Masters and doctoral candidates _____

COURSE WORK REQUIRED: For Course Work Masters only: _____

IS ADMISSION TO STATUS REQUIRED? Yes No

If 'YES, to which degree? _____

ADMISSIONS UNDER SPECIAL CONDITIONS

NOTE: Where a candidate holds an appropriate equivalent degree from another University College, admission under special conditions will be a technicality and a statement to this effect is all that is required here. A detailed motivation MUST accompany this form for all special condition cases which are not of a routine 'technical' nature.

Please attach full CV in area of specialisation and supporting documentation.

ADDITIONAL COMMENTS: _____

SUPERVISOR Name: _____ Staff number: _____ School/Programme: _____

CO-SUPERVISOR Name: _____ Staff number: _____ School/Programme: _____

I have considered

- (a) the viability, nature and extent of the project
- (b) the suitability of the candidate
- (c) the availability and suitability of supervision
- (d) the nature and extent of the necessary resources and I recommend that the candidate be accepted for the degree.

SIGNATURE OF HEAD OF DISCIPLINE/PROGRAMME: _____ DATE: _____

DECISION BY HEAD OF SCHOOL: _____ SIGNATURE: _____ DATE: _____

DECISION BY BY DEAN: _____ SIGNATURE: _____ DATE: _____

Considered by: _____ HIGHER DEGREES SUB-COMMITTEE ON: _____

Approved by: _____ COLLEGE BOARD ON: _____

Applications and Information Office

www.ukzn.ac.za

April 2013