



UNIVERSITY OF MPUMALANGA

APPLICATION FORM FOR ADMISSION IN 2014

ALL APPLICANTS MUST COMPLETE THIS FORM

Please complete this form carefully and in block letters, then return it to us by either physically dropping it off at: University of Mpumalanga, c/o Lowveld College of Agriculture, corner R 40 White River Road & Fredenheim Road, Riverside, Mbombela, 1200; or by posting it to: The Admissions Officer, University of Mpumalanga, Private Bag X 11283, Nelspruit, 1200. You can get the process started by sending a scanned copy of this form to us at: studentapplications@ump.ac.za. However, your application will only be confirmed once we receive the original, signed copy of this form.

A non-refundable fee of R100 is payable upon application. Payment details are given on page 8. Please do not enclose cash and postal orders if you are returning this form by post.

SECTION A ACADEMIC APPLICATION

1. CHOICE OF STUDY PROGRAMME

(Please tick the box indicating your choice of study area. You may tick more than one box)

Bachelor of Education: B Ed (Foundation Phase Teaching)

Diploma: Hospitality Management

Bachelor of Agriculture: B Agric (Agricultural Extension)

Note that these are all for the first year of study in 2014

2. PERSONAL DETAILS

Title Mr Mrs Ms Other

Last Name/Surname

First Name Middle Name(s)

Gender (please tick✓) Female Male Date of Birth - -

FOR OFFICE USE ONLY

Registration fee received Date

Form captured by Date

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 South African permanent resident, state nationality

If not South African resident, passport number

(Please submit a certified copy of your passport)

If not South African permanent resident, state the country where you have permanent residence

4. GENERAL PERSONAL BACKGROUND

Note that this information is required for statistical purposes and for us to ensure that we accommodate your study needs wherever we can (please tick the appropriate box)

Population Group

Black	Coloured	White	Indian	Chinese	Other
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Marital Status

Single	Married	Widow/er	Divorced	Separated
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Home Language

Afrikaans	English	IsiZulu	IsiNdebele	Sepedi	Xitsonga
SeSotho	Setswana	Siswati	IsiXhosa	Tshivenda	
Other (Please specify):					

Religious Affiliation

Christian	Hindu	Jewish	Muslim	None
Other (Please specify):				

Disability or Special Needs

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

Blindness	Deafness	Partial Hearing	Partially Sighted	Learning Disability
Quadriplegic	Cerebral Palsied	Impaired Mobility	ADD/ADHD (chronic)	Paraplegic
Speech	Other (Please specify):			

Sport Involvement

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'S DETAILS

It is essential to carefully enter all your details here

Physical Address	<input type="text"/>		
City	<input type="text"/>	Province	<input type="text"/>
Country	<input type="text"/>	Postal Code	<input type="text"/>
Postal Address	<input type="text"/>		
City	<input type="text"/>	Province	<input type="text"/>
Country	<input type="text"/>	Postal Code	<input type="text"/>
Telephone Contact Details	Home number	Cell number	
	<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>	
	Business number	Fax number	
	<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>	
e-mail	<input type="text"/>		

NEXT OF KIN DETAILS

Relationship	Mother <input type="checkbox"/>	Father <input type="checkbox"/>	Other <input type="text"/>
Next of Kin Surname	<input type="text"/>		
Next of Kin Name	<input type="text"/>		
Next of Kin Initials	<input type="text"/>		
Next of Kin Title	<input type="text"/>		
Next of Kin ID Number	<input type="text"/>		
Next of Kin Postal Address	<input type="text"/>		
City	<input type="text"/>	Province	<input type="text"/>
Country	<input type="text"/>	Postal Code	<input type="text"/>
Next of Kin Contact Details	Home number	Cell number	
	<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>	
	Business number	Fax number	
	<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>	
Next of Kin e-mail	<input type="text"/>		

DETAILS OF PERSON LIABLE FOR SETTLEMENT OF FEES

Person to sign at the end of this form

Last Name/Surname	<input type="text"/>		
First Name	<input type="text"/>	Initials	<input type="text"/>
Title	<input type="text"/>	ID Number	<input type="text"/>
Postal Address	<input type="text"/>		
City	<input type="text"/>	Province	<input type="text"/>
Country	<input type="text"/>	Postal Code	<input type="text"/>
Telephone Contact Details	Home number	Cell number	
	<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>	
	Business number	Fax number	
	<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>	
e-mail	<input type="text"/>		

6. ACADEMIC HISTORY - SOUTH AFRICAN QUALIFICATIONS

If you have matriculated or previously attempted Matric, please submit a certified copy of your Matric certificate

School Attending/ Attended	Name of School
	<input type="text"/>
	Address of School
	<input type="text"/>
Postal Code	Telephone Number
<input type="text"/>	<input type="text"/>

Grade 11 Results

To be completed by applicants writing South African Matric in 2013. You may also attach a certified copy of your Grade 11 report.

Subject	Mark(%)	Subject	Mark(%)

Grade 12 Particulars

To be completed by applicants writing a first attempt Matric in 2013.

School at which you will write your examination	Your Examination Number
<input type="text"/>	<input type="text"/>

NSC Subjects to be written in 2013

1.	6.
2.	7.
3.	8.
4.	9.
5.	10.

Grade 12 Particulars

To be completed by applicants who are upgrading their Matric in 2013.

Month in which examination will be rewritten in 2013

School at which you will write your examination

Your Examination Number

NSC Subjects to be written in 2013

1.	6.
2.	7.
3.	8.
4.	9.
5.	10.

Examining Authority

To be completed by all applicants writing a South African Matric in 2013. (please tick✓):

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

INTERNATIONAL QUALIFICATIONS

Complete this section only if you are writing or have written a NON-SOUTH AFRICAN EDUCATIONAL QUALIFICATION and require exemption from the Matriculation Board

Have you completed your qualification? (please tick✓)

Yes No

If yes, please submit certified copies of your school-leaving certificates

If your qualification examinations are to be written in 2013, please complete the section below

Month of Examination

Examining Authority

Exam Number

Centre Number

A-Level Subjects	AS-Level Subjects	HIGCSE Subjects	If A, AS and HIGCSE levels are not applicable to you, please supply details in this column

PREVIOUS AND CURRENT TERTIARY EDUCATION STUDIES

Certified copies of academic transcripts and code of conduct must be attached for all applicants. You are required to disclose all tertiary registration, even if you de-registered in the course of the year of study.

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)

SECTION B APPLICATION FOR RESIDENCE ACCOMMODATION

The University will have limited residence accommodation space. This will generally be shared accommodation and will be only be available to students registered on a full-time basis.

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

SECTION C APPLICATION FOR FINANCIAL AID

Do you wish to apply for Financial aid support? (please tick✓) Yes No

If yes, please complete the NSFAS application form at www.nsfas.org.za. If yes and you are applying for the B Ed programme, you qualify to apply for a Funza Lushaka bursary, managed by the Department of Education. You should apply directly at www.funzalushaka.doe.gov.za Please contact our admissions office on 013-753 3065/7/8/9 or please contact the Executive Secretary on extension: 3224. If you would like to receive the NSFAS form by e-mail or through the post. You may also be eligible for support from one of the University of Mpumalanga bursary programmes and we will inform you if you have been successful for such bursary support

SECTION D LEGAL DECLARATION OF INDEMNITY AND UNDERTAKING

Applicants under the age of 18 years old must be assisted by their parent or guardian, (must be the same person listed under Next of Kin in Section 5 above).

I, THE APPLICANT, AND I, THE PARENT/GUARDIAN /NEXT OF KIN OF THE APPLICANT –

1. Acknowledge that the University does not accept responsibility for damage or loss in respect of property of the applicant or in respect of property brought onto University premises by the applicant.
2. Do hereby 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 I am 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 I may be admitted or become a member and by any requirements or conditions imposed by the University on me as a prerequisite to my 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 the applicant.
5. Declare that I have furnished the University with all the information necessary to make an informed decision about my admission.
6. Undertake to pay unconditionally 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.
7. Consent to my examination results being made available to the relevant bursary donor(s) and / or lenders.

ALL APPLICANTS MUST SIGN BELOW

Signature of Applicant _____ Date _____

AND, if the applicant is under the age of 18 years, assisted by (Full name of parent or legal guardian or next of kin):

First Name

Last Name/Surname

Signature of parent/legal guardian

Date

PERSON LIABLE FOR SETTLEMENT OF FEES

I undertake to settle all tuition and miscellaneous fees due to the University by due date. I may make suitable arrangements to settle the outstanding charges as per the University's Credit Policy as stipulated by the National Credit Regulator. If I do not settle by due date, I will pay interest at the rate prescribed by the University. I also consent to the University imposing credit control restrictions if the debt is not settled.

Full Name

Signature

Date

APPLICATION FEE AND PAYMENT

ALL APPLICANTS are required to pay an application fee of R100.

Methods of Payment:

1. Deposit exact amount into University's account:
Standard Bank,
Account Number: 333270347,
Branch code: 052852, Nelspruit,
Account name: University of Mpumalanga. Please attach a copy of the deposit slip.
2. Cheque/postal order/bank draft made out to University of Mpumalanga.
Write the applicant's name on the back.
3. Pay by cash or credit card at the Fees Office: Lowveld College of Agriculture,
cnr R 40 White River Road & Friedenheim Road, Nelspruit.
4. For EFTs Use the applicant's Initials and Surname as the reference