

**APPLICATION FOR ADMISSION IN 2021**

**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:

**Mbombela Campus**: University of Mpumalanga, Corner R40 White River & D725 Road, Riverside, Mbombela, 1200.

**OR**

**Siyabuswa Campus:** University of Mpumalanga, Bhekimfundo Drive, Siyabuswa, 0472

**OR**

By **posting** it to: The Admissions Office, University of Mpumalanga, Private Bag X11283, Mbombela, 1200.

 **OR**

By emailing a scanned copy of this form to us at: **studentapplications@ump.ac.za****.**

Your application will only be confirmed once we receive the original, signed copy of this form.

A non-refundable application fee is payable upon application [Payment details are given on

page 16]

Please do not enclose cash or postal orders if you are returning this form by post.

**Closing Date:**

**Applications for all other qualifications offered by the University of Mpumalanga have closed on 30 November 2020.**

**Applications for admissions are open (From 04 January 2020 - until further notice) for the below six qualifications which are offered for the first time in 2021.**

**Masters programmes are open for applications throughout the year.**

|  |  |
| --- | --- |
| SECTION A | CHOICE OF STUDY PROGRAMME |

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|  |  |
| --- | --- |
| Postgraduate Diploma in Nature ConservationBachelor of Honours in GeographyBachelor of Honours in English Bachelor of Honours in SociologyBachelor of Commerce (Honours) In EconomicsMaster of ScienceMaster of Development StudiesMaster of EducationMaster of AgricultureMaster of Science in Agriculture |  |

|  |  |
| --- | --- |
| **Please indicate 1st choice** |  |
| **Please indicate 2nd choice** |  |

|  |  |
| --- | --- |
| SECTION B | PERSONAL DETAILS |

**1. PERSONAL DETAILS**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| --- | --- | --- | --- | --- |
| **Gender(Please tick)**   | **Male** |  |  **Female** |  |

**Title Mr Mrs Miss Other**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Initials**  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Last Name/Surname** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Full Name(s)** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Date of Birth** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | ***D*** | ***D*** | ***M*** | ***M*** |  | ***Y*** | ***Y*** | ***Y*** | ***Y*** |  |  |  |  |  |  |  |  |  |  |

**2. CITIZENSHIP**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| --- | --- | --- | --- | --- |
| **Are you a South African citizen or permanent resident? (Please tick)**  | **Yes** |  | **No** |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **If yes, please provide your South African ID Number** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **If not a South African citizen or permanent resident, please provide your passport number** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**If not a South African citizen or permanent resident, state the country where you have permanent residence**

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(A certified copy of your ID/ Passport must accompany this form)

**3. CONTACT DETAILS**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**All your details must be provided accurately and in full**

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| **Physical Address** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **City**  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Province** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Country** |  |  |  |  |  |  |  |  |  |  |  |  |  | **Postal code** |  |  |  |  |
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| **Postal Address** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **City**  |  |  |  |  |  |  |  |  |  |  |  |  |  | **Postal code** |  |  |  |  |
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|  **Particulars** |  |  |  | **-** |  |  |  | **-** |  |  |  |  |  |  |  |  | **-** |  |  |  | **-** |  |  |  |  |  |
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|  **Email Address** |  |

**Telephone Contact Cell Number Home number**

1. **GENERAL PERSONAL INFORMATION**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| --- | --- | --- | --- | --- | --- | --- |
| **Population Group**  | **African** | **Coloured** |  **White** | **Indian** | **Chinese** | **Other** |

Note that this information is required for statistical purposes (please tick)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Marital Status** | **Single** | **Married** | **Widow/er** | **Divorced** | **Separated** | **Delete this box** |

|  |  |  |  |  |  |  |
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| **Home Language** | **English** | **Afrikaans** | **isiZulu** | **isiNdebele** | **Sepedi**  | **Xitsonga** |
|  | **Sesotho** | **Setswana** | **siSwati**  | **isiXhosa** | **Tshivenda** | **Delete this box** |
|  | **Other (Please specify):** |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Religious Affiliation**  | **Christianity** | **Hindu** | **Jewish** | **Muslim** | **African** | **None** |
| **(Optional)** | **Other (Please specify):** |  |

**Disability:**

(Please indicate your disability and /or special needs so that we can accommodate your needs as far as possible).

**Disability or Special Needs**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Blind** | **remove** | **Partially sighted** | **remove** |  **Impaired Mobility** | **remove** |
| **Quadriplegic** | **remove** |  **Paraplegic** | **remove** | **Partial Hearing** | **remove** |
| **Deaf** | **remove** | **Attention Deficit Disorder** | **remove** |  **Attention Deficit with Hyperactivity Disorder** | **remove** |
| **Speech** | **remove** | **Learning Disability** | **remove** |  **Dyslexeia** | **remove** |
| **Other (specify)** |

**Sports/ Societies Involvement:**

|  |  |
| --- | --- |
| **Sport**  | **(Junior/Senior School, Junior/Senior Club,** **Junior/Senior Provincial Junior/Senior National )** |
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| **Societies** | **Type of involvements**  |
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**(**Please indicate the sport you formally participate in and the level of your participation)

1. **NEXT OF KIN DETAILS**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **Specify Relationship** **(e.g. Mother, Father, etc.)** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Title (Ms/Mr/Dr/Prof/etc.)**  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Initials** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Full Names** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Surname** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Physical Address** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **City**  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Province** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Country** |  |  |  |  |  |  |  |  |  |  |  | **Postal code** |  |  |  |  |
| **Postal Address** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **City**  |  |  |  |  |  |  |  |  |  |  |  | **Postal code** |  |  |  |  |
| **Cell Number** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Home Number** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Business Number** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Email Address** |  |

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| SECTION C | ACADEMIC HISTORY |

1. **SOUTH AFRICAN QUALIFICATIONS**

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1. **To be completed by applicants who have completed Grade 12 after 2008**

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| **School Attended**  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Address of School** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  | **Postal Code** |  |  |  |  |
| **Telephone number** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Province** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

(Please submit a certified copy of your Grade 12 Certificate)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Examination Number**  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Exam Centre Number** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| **Date of Examination** |  |  |  |  |  |  |
|  | **M** | **M** | **Y** | **Y** | **Y** | **Y** |

|  |  |  |
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| **Examination Authority****(Please tick)**  | **Department of Basic Education** **(DBE)** | **Independent Examination Board (IEB)** |
|  | **Other (Please specify)** |  |

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| --- | --- | --- | --- | --- | --- | --- |
| **Subjects passed**  | **Subject** | **Level** | **%** | **Subject** | **Level** | **%** |
|  | **1.** |  |  | **5.** |  |  |
|  | **2.** |  |  | **6.** |  |  |
|  | **3.** |  |  | **7.** |  |  |
|  | **4.** |  |  | **8.** |  |  |

1. **To be completed by applicants who are upgrading or writing Grade 12 in 2020.**(Please submit a certified copy of your Grade 11 final results and latest Grade 12 results if you are upgrading)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **School Attended**  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Address of School** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  | **Postal Code** |  |  |  |  |
| **Telephone number** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Province** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| **Examination Number**  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Exam Centre Number** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| **Date of Examination** |  |  |  |  |  |  |
|  | **M** | **M** | **Y** | **Y** | **Y** | **Y** |

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| **Examination Authority****(Please tick)**  | **Department of Basic Education** **(DBE)** | **Independent Examination Board (IEB)** |
|  | **Other (Please specify)** |  |

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| **Subjects passed**  | **Subject** | **Level** | **%** | **Subject** | **Level** | **%** |
|  | **1.** |  |  | **5.** |  |  |
|  | **2.** |  |  | **6.** |  |  |
|  | **3.** |  |  | **7.** |  |  |
|  | **4.** |  |  | **8.** |  |  |

**To be completed by applicants who did the Senior Certificate School Subjects before 2008**

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| **School Attended**  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Address of School** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  | **Postal Code** |  |  |  |  |
| **Telephone number** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Province** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

(Please submit a certified copy of your Senior Certificate)

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| **Exam Centre Number** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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|  **Date of Examination** |  |  |  |  |  |  |
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| **Subjects passed**  | **Subject** | **Symbol** | **%** | **Subject** | **Symbol** | **%** |
|  | **1.** |  |  | **5.** |  |  |
|  | **2.** |  |  | **6.** |  |  |
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1. **INTERNATIONAL APPLICATIONS**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Complete this section only if you are writing or have written an International Qualification and require exemption from the South African Matriculation Board **(Please NOTE it is the students’ responsibility to liaise with SAQA/Umalusi in advance for exemption to be able to study at the University of Mpumalanga)**:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Yes**  |  | **No** |  |  |

Have you completed your qualification? (Please tick )

If **“Yes”** please submit copies of school leaving certificates together with your application)

**If your final school leaving examinations are still to be written, please complete the section below:**

**Date of Examination Examining Authority**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |
| **M** | **M** | **D** | **D** | **Y** | **Y** | **Y** | **Y** |  |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **O-Level****Subjects** | **Year** | **A-Level****Subjects** | **Year** | **AS-Level****Subjects** | **Year** | **HIGCSE Subjects** | **Year** | **Other (Please specify)** | **Year** |
| Not enough space |  | Not enough space |  | Not enough space |  | Not enough space |  | Not enough space |  |
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1. **PREVIOUS AND CURRENT HIGHER EDUCATION STUDIES**

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

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Study Programme (Degree/Diploma/Certificate)** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Institution** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Student Number** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Full Time /Part time** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Dates of Registration** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Dates of Graduation****(If Applicable)**  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

|  |  |
| --- | --- |
| **Status: P (Passed); F (Failed); C (Still to complete /results not available);****Z (Cancelled)**  |  |

If you have more more than one qualification, kindly use a separate page*.*

|  |  |
| --- | --- |
| SECTION D | PAYMENT |

1. **DETAILS OF THE PERSON LIABLE FOR THE SETTLEMENT OF FEES ( This information is compulsory)**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Specify relationship** **(Mother, Father, etc.)** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **(Title Ms/Mr/Dr/Prof/etc.)**  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Initials** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Full Names** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Surname** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Physical Address** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **City**  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Province** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Country** |  |  |  |  |  |  |  |  |  |  |  | **Postal code** |  |  |  |
| **Postal Address** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **City**  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Postal Code** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Cell Number** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Business Number** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_undertake to settle all tuition and miscellaneous fees due to the University by the due date. I may make suitable arrangements to settle the outstanding fees as per the University’s Credit Policy as stipulated by the National Credit Regulator. If I do not settle the fees by the 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.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature Date**

1. **APPLICATION FEE AND PAYMENT**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

A non-refundable application fee is payable on submission of the application form.

* SA citizens : R150
* SADC citizens : R150
* Citizens of other African countries : R350
* Citizens of countries outside Africa : R500
* Reference : Student number

Methods of Payment:

Kindly deposit the exact amount into the University’s account:

* Bank Name : Standard Bank
* Account name : University of Mpumalanga.
* Account Number : 333270347
* Branch code : 052852

*(Please attach a copy of the deposit slip or proof of payment).*

* All cheques /postal orders/bank drafts must be made out to the University of Mpumalanga. The applicant’s name and surname must be written on the back.
* For EFTs, use the applicant’s Student Number as the reference (Please attach proof of payment).

|  |  |
| --- | --- |
| SECTION E | LEGAL DECLARATION OF INDEMNITY AND UNDERTAKING |

Applicants under the age of 18 years must be assisted by their parent or guardian.

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

Acknowledge that the University does not accept responsibility for damage or loss in respect of property of the applicant brought onto University premises by the applicant.

Do hereby indemnify the University in respect of any damage (s) caused by the applicant to the property of third parties or any injuries/damages to the applicant, 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.

Undertake, to be bound by the rules and regulations of the University, 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 prescribed by the University as a prerequisite to my registration..

Certify that the information provided in this form and all supporting documentation is accurate and acknowledge that any misrepresentation as a result of furnishing any false information or withholding of information, may result in the application being nullified or voidable at the discretion of the university without predudice to its rights.

Declare that I have furnished the University with all the information necessary to make an informed decision about my admission.Undertake to pay all the 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 of the University.

Consent to my examination results being made available to the relevant bursary donor(s) and / or lenders.

Permit the University to share my information with third parties (Tick with X)

|  |  |
| --- | --- |
| **YES** |  |

|  |  |
| --- | --- |
| **NO** |  |

**(For international students ONLY)**

Agree that where documents must be translated from another language, the University will only accept translations from an officially authorised translator.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature of Applicant Date**

(If the applicant is under the age of 18 years, he/she should be assisted by a parent/guardian/next of kin).

Full name of parent/guardian/next of kin – please PRINT.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**First Name(s) Last Name/Surname**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature of parent/legal guardian Date**

|  |  |
| --- | --- |
| SECTION F | CHECK LIST |

**Applicants must ensure that ALL listed documents are attached to the application form**

**(Mark with a tick)**

|  |  |
| --- | --- |
| **DOCUMENTS TO BE ATTACHED**  | **(Mark with a tick)** |
| Have you completed all pages of this booklet? |  |
| Have you attached your Certified ID Copy/Passport? |  |
| Have you attached Certified Copies of your National Senior Certificates (NSC)?***(Applicants who are upgrading or have Completed their Grade 12)*** |  |
| Have you attached your Grade 11 Results?***(Applicants who have not written Grade 12 mid-year examinations in 2020)*** |  |
|  |  |
| Have you attached Certified Copies of academic transcripts and proof of satisfactory conduct?**(*Applicants who are from another Higher Education Institution or have completed other higher education qualification[s])*** |  |
| Have you attached your Exemption Documents from the Matriculation Board***(Foreign qualification)*** |  |
| Has your parent/legal guardian signed Section F? |  |
| Have you attached your parent /legal guardian/funder ID and Certified Copy of payslip? |  |
| Have you signed Section G? |  |
| Have you enclosed the proof of payment (application fee)? |  |
| If applying for a place in residence: have you completed the residence application form? |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| All required documents attached? | **Yes** |   | **No** |   |   |
| Application Fee received | **Yes** |  | **No** |   |   Date Stamp |
| Form captured by |   |
| Staff number |   |   |
| Name |   |   |
| Signature |   |   |
| Date |   |   |
|   |   |
| Accepted | **Yes** |  | **No** |  |   |
|   |   |   |   |   |   |
| If not accepted (Give brief reason(s)   |   |
| Conditionally Accepted | **Yes** |  | **No** |  |   |
|   |   |
| Give brief reason(s) for conditional acceptance |   |  |  |  |   |
|   |   |  |  |  |   |
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|   |   |  |  |  |   |
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|   |   |   |   |   |   |
| Have you completed an application for residences | **Yes** |  | **No** |  |  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  **FOR OFFICE USE ONLY**Student Number……………………………

|  |  |  |
| --- | --- | --- |
| Academic Application | Description  | Status (Accepted/Not accepted/Pending) |
| 1st Choice |  |  |
| 2nd Choice |  |  |

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|  |  |
| --- | --- |
| SECTION G | APPLICATION FOR UNIVERSITY ACCOMMODATION |

Application for on-campus residence accommodation should be made at the time of this application. Please note: The University will have limited on-campus residence accommodation space. This will generally be single or shared accommodation and will only be available to students registered on a full-time basis. Student Housing assists students with a list of accrdited private accommodation providers for their consideration.

The application form for residences is attached below for your convenience. For more information on student residences contact: Mr Manelisi Kilani at (013) 002 0030 or via email: residences@ump.ac.za.

Applications should be directed to residences@ump.ac.za. For more information on student accoomodation you can visit [www.ump.ac.za](http://www.ump.ac.za).

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**UNIVERSITY ACCOMMODATION**

**APPLICATION FORM FOR 2021**

|  |
| --- |
| **SECTION A: APPLICANT DETAILS**  |
| Title  |   | Surname  |   | Initials  |   |
| Full names  |   |
| ID/Passport No  |   | Gender  | merdged |
| Physical address  |   |
| Town |   | Postal Code  |   |
| Province  |   | Country  |   |
| Postal address |   |
| Town |   | Postal code  |  |
| Do you have adisability? |  Yes  |   |  No  |   |  If yes, state nature of disability  |   |
| Student cell-phone No  |   | Email address:    |
| Alternative cell-phone number  |   |  Alternative email address:  |

|  |  |
| --- | --- |
|  **SECTION B: ACCOMMODATION DETAILS**  |  |
| Qualification applied for:  |   |
| Level of study in 2021 (e.g. 2nd year)  |   |   |
| Type of preferred accommodation  |  Single room  |   | Shared double room  |   |
| Type of preferred residence  | New residence |   |  Existing residence  |   |
| Would you prefer a University catered residence?  | YES |  |  NO |  |

*NB: First year students will be accommodated preferably in double rooms - sharing.*

|  |
| --- |
| **SECTION C: READ THE CONDITIONS BELOW** |
| 1. Application for UMP accommodation does not guarantee you a place in the residences.
2. Accommodation type preference does not guarantee that you will be allocated according to your preference.
3. The accommodation fees for 2021 have not yet been finalised. The 2020 accommodation fees, for your information, were as follows:

|  |  |
| --- | --- |
| Established residences  | Newly built residences  |
| Single room | Double room | Single room | Shared Double room |
| R15,811.00 | R10,314.00 | R19,821.00 | R12,907.00 |
| Cost for meals for 2020 was R15,000.00, irrespective of the accommodation type. |

1. The accommodation fees do not include the fees for meals, which are charged separately.
2. Applicants undertake to abide by all the UMP rules and regulations governing the residences.
3. Only duly completed forms shall be considered.
4. The outcome of your application for accommodation will be communicated to you via SMS, mail, and/or email. Ensure that your cell-phone and email address are written clearly.
5. The closing date for application for University accommodation is 30 October 2020.
 |

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| --- |
| **SECTION D: LEGAL DECLARATIONS AND UNDERTAKING** |
|  I, the undersigned, hereby agree that I understand and accept the above conditions as stipulated.  Applicant’s signature: ……………………………………………… Date: …………………………  |

|  |
| --- |
| **SECTION E: FOR OFFICE USE ONLY**  |
| Approved  |   | Rejected  |   |   |
| Name of residence  |   | Type of room   |  Shared Double |  | Floor No.  |   | Room No.  |   |
|  Single |  |
| Signature  |   | Date  |   |   |