

2018



Student Application Form

Under - Graduate
Post - Graduate

The Registrar Academic
Tel : 012 521 4111/4979/3357
Fax : 012 521 5732
PO Box 60, Medunsa, 0204



STUDENT APPLICATION FORM

R 200 (TWO HUNDRED RAND) NON REFUNDABLE APPLICATION FEE MUST BE PAID AND THE DEPOSIT SLIP ATTACHED TO THE APPLICATION FORM UPON SUBMISSION			
BANKING DETAILS			
Bank :	Standard Bank	Account Holder :	Sefako Makgatho Health Sciences University
Branch :	Thibault Square	Branch Number :	020909
Account Number :		071 244 395	
Reference:		YOUR ID NUMBER	

				Student Number		Academic Year				
				<i>For Office Use</i>		2018				
A.	ACADEMIC DETAILS									
1.	Qualifications you intend to follow (e.g. MBChB, B.Sc.)									
	Degree / Diploma			Study Level						
1st Choice							<i>For office use</i>			
2nd Choice							<i>For office use</i>			
2.	Mode of Study	Full Time		<i>For office use</i>	Part Time		<i>For office use</i>	Block Release		<i>For office use</i>

B.	PERSONAL DETAILS OF APPLICANT									
3.	Title		4.	Initials		5.	Surname			
6.	Maiden Name				7.	Full Names				
8.	Identity Number (RSA)					9.	Date of Birth			
10.	Passport Number (International Students)					11.	Passport Expiry Date			



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B.	PERSONAL DETAILS OF APPLICANT (cont.)					
12.	Marital Status		13.	Gender	Female	Male
14.	Home Language / Mother Tongue		15.	Religion / Church Affiliation		
16.	Occupation		17.	Physical Impairment (e.g. blind)		
18.	Residential or Physical Address (not school address)					
				Code		
19.	Postal Address					
				Code		
20.	Telephone No.		Fax No.			
		Cell No.	Email			

C.	DETAILS / HEMIS (These Stats are Compulsory)				
21.	Citizenship / Nationality		22.	Ethnic Group / Race	
23.	Province / State		24.	Rural / Urban / Peri- Urban	



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D.	MATRICULATION DETAILS					
25.	Examination Date		26.	Highest Grade (standard if Applicable)		<i>For office use</i>
27.	Examination No.					<i>For office use</i>
28.	Senior Certificate Type					<i>For office use</i>
29.	School Name					<i>For office use</i>
30.	Examination Department (e.g. Gauteng, etc.)					
31.	Last Examination	December Grade 11		June Grade 12		December Grade 12
32.	Subjects and results of last examination	Subject		Code		Symbol/Level
				<i>For office use</i>		
				<i>For office use</i>		
				<i>For office use</i>		
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E. POST SCHOOL ACADEMIC ACTIVITIES									
33.	Were you previously registered at this or another institution of higher learning? If yes, please supply the following information :					YES		NO	
	Institution	Student Number	Period From - To	Was the qualification completed?			If YES, When (year)?		
				Yes		No			
				Yes		No			
34.	If you have not been at institutions of higher learning after matriculating, what activities have you been engaged in?								
35.	Have you previously been excluded from any institution of higher learning? If yes, supply the following information					YES		NO	
	Name of Institution						<i>For office use</i>		
	Qualification excluded from						<i>For office use</i>		
	Date and period of exclusion		Date		Period		<i>For office use</i>		
	Grounds for exclusion (academic, financial or disciplinary)					<i>For office use</i>			

F. RESIDENTIAL APPLICATION (OPTIONAL)									
36.	Would you like accommodation on campus					YES		NO	
	Student housing with catering					YES		NO	

Please Note that accommodation on campus is not guaranteed



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G.	FINANCIAL AID (OPTIONAL)				
37.	Do you require and qualify for financial assistance	YES		NO	

H.	PARTICULARS OF PARENTS/GUARDIAN/ SPOUSE/ NEXT OF KIN								
38.	Title		Initials		Surname		Relationship		
39.	Residential Address (not postal address)							Code	
40.	Postal address							Code	
41.	Please specify which address you want Financial statements to be sent to								
42.	Contact Numbers	Work		Home		Cell phone			
43.	Is your parent/guardian or spouse a staff member of Sefako Makgatho Health Sciences University?				YES		NO		
	If yes, indicate his/her staff number								
44.	Are you a staff member of Sefako Makgatho Health Sciences University?		YES		NO		Staff No.		



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I.	DECLARATION
	<p>I, _____ (full names) hereby declare that :</p> <ul style="list-style-type: none">▪ All the information provided in this document is true and that I will abide with all the rules and regulations of Sefako Makgatho Health Sciences University;▪ I have concluded this agreement with the knowledge and consent of my parents/guardian/spouse or next of kin;▪ I undertake to notify the Registrar in writing, if I wish to cancel my registration during the current academic semester/year and I acknowledge that I am liable for fees payable for the respective semester/year.

<p>Signed at _____ on the _____ day of _____ 20.....</p>
<p>Signature of Applicant : _____</p>
<p>Date : _____</p>
<p>Signature of Parents/Guardian/Spouse : _____</p>
<p>Date : _____</p>



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FOR OFFICE USE			
Documents to accompany the Application Form (attach only those that are applicable to you)			
Matric Certificate		Certificate of Conduct	
Degree Certificate		SAQA Evaluation	
Diploma Certificate		Identity Document / Passport	
Academic Transcript		School Results	
Two ID/Passport Photos		Marriage Certificate	
Name of Officer : _____		Signature : _____	

Office Stamp
