



SOL PLAATJE  
UNIVERSITY

# APPLICATION FORM FOR ADMISSION IN 2015

ALL APPLICANTS MUST COMPLETE THIS FORM

Please complete this form carefully in block letters and return to us by physically dropping it off at:

Sol Plaatje University, North Campus, Chapel Street, Kimberley; or by mailing it to:

The Registrar, Sol Plaatje University, Private Bag X5008, Kimberley, 8300.

A non-refundable application fee of R100 is payable. Payment details are given on page 7.

**PLEASE DO NOT ENCLOSE ANY CASH OR POSTAL ORDERS WITH THIS APPLICATION FORM.**

## 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. Please refer to our website [www.spu.ac.za](http://www.spu.ac.za) for updates on new programmes.

*Bachelor of Education: B.Ed (Senior Phase & FET Teaching)*

*Diploma: Information & Communication Technology (Application Development)*

*Diploma: Retail Business Management*

### 2. PERSONAL DETAILS

Title Mr  Mrs  Ms  Other

Last Name/Surname

Full Names

Gender Female  Male  Date of Birth  -  -

### FOR OFFICE USE ONLY

Application 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)

### 4. GENERAL PERSONAL BACKGROUND

Note that this information is required for statistical purposes and for us to ensure that we address your needs wherever we can.

Please tick the appropriate box

**Population Group**

<i>Black</i>	<i>Coloured</i>	<i>White</i>	<i>Indian</i>	<i>Chinese</i>	<i>Other</i>
<i>Other (Please specify):</i>					

**Marital Status**

<i>Single</i>	<i>Married</i>	<i>Widow/er</i>	<i>Divorced</i>	<i>Separated</i>
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**Home Language**

<i>Afrikaans</i>	<i>English</i>	<i>Isizulu</i>	<i>Ndebele</i>	<i>Sepedi</i>	<i>SeSotho</i>
<i>Setswana</i>	<i>Siswati</i>	<i>Sixhosa</i>	<i>Tshivenda</i>	<i>Xitsonga</i>	
<i>Other (Please specify):</i>					

**Religious Affiliation**

<i>Christian</i>	<i>Hindu</i>	<i>Jewish</i>	<i>Muslim</i>	<i>None</i>
<i>Other (Please specify):</i>				

**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.

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

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

<i>Sport</i>	<i>Level (School, Club, Junior/Senior Provincial: Junior/Senior National)</i>

## 5. CONTACT DETAILS - APPLICANT'S DETAILS

It is essential to carefully enter all your details here

Street / Physical Address	<input type="text"/>		
City	<input type="text"/>	Province	<input type="text"/>
Country	<input type="text"/>	Postal Code	<input type="text"/>
Postal Address (If not the same as physical 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"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
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e-mail address	<input type="text"/>		

## 6. NEXT OF KIN DETAILS/PARENT/GUARDIAN

Relationship	Mother	<input type="checkbox"/>	Father	<input type="checkbox"/>	Other	<input type="text"/>		
Next of Kin: Title	Mr	<input type="checkbox"/>	Mrs	<input type="checkbox"/>	Ms	<input type="checkbox"/>	Other	<input type="text"/>
Next of kin: Surname	<input type="text"/>							
Next of kin: Name	<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						
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	Business number	Fax number						
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Next of kin: e-mail address	<input type="text"/>							

## 7. DETAILS OF PERSON LIABLE FOR SETTLEMENT OF FEES

Person to sign on page 7.

**Title**                      Mr                       Mrs                       Ms                       Other

**Last Name/ Surname**

**Full Names**

**ID Number**

**Postal Address**

**City**                       **Province**

**Country**                       **Postal Code**

**Contact Details**

*Home number*                      *Cell number*

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*Business number*                      *Fax number*

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**e-mail address**

## 8. ACADEMIC HISTORY – SOUTH AFRICAN QUALIFICATIONS

**Please submit a certified copy of your matric certificate or Grade 11 June results**

**School Attending/ Attended**                      *Name of School*

*Address of School*                      *City/Town*

                    

*Postal Code*                      *Telephone Number*

                    

**Grade 12 Particulars**

To be completed by applicants writing a first attempt matric in 2014.

*School at which you will write your examination*                      *Your Examination Number*

                    

**NSC Subjects to be written in 2014**

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

Examining Authority

To be completed by all applicants writing a South African matric in 2014. (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 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 2014, 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

### 10. PREVIOUS AND CURRENT TERTIARY EDUCATION STUDIES

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 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 Residential Accommodation

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

Do you wish to apply for university residence accommodation? (please tick ✓)

Yes

No

## Section C: Application for Financial Aid

Have you applied for Financial aid support? (please tick ✓)

Yes

No

If not, you can apply online at the following websites:

Bursaries for the B.Ed programme -

[www.funzalushaka.doe.gov.za](http://www.funzalushaka.doe.gov.za)

For all bursaries other than B.Ed -

[www.nsfas.org.za](http://www.nsfas.org.za)

*Please submit a copy of this application upon registration.*

## 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 above).

**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 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 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.
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.

*Method of Payment:*

1. Deposit exact amount into University's account: First National Bank  
 Branch: Kimberley Branch Number: 230102  
 Account Number: 62 432 518 978  
 Account name: Sol Plaatje University.

Please attach a copy of the deposit slip.

2. For EFTs use the applicant's ID number the reference.

