



**UNIVERSITY OF
KWAZULU-NATAL**

APPLICATION FOR POSTGRADUATE ADMISSION

(International and Local)

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

University of KwaZulu-Natal
Applications and Information Office
Durban
4041

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** MUST accompany this application form. Application fees sent by post should be paid by cheque or postal order, not cash. **International and local applicants:** Application fees can be paid by electronic transfer/bank deposit.
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 Essential Information Booklet for further information.
4. Applicants whose previous degrees were obtained at a university other than University of KwaZulu-Natal must submit certified copies of their previous degree certificates with their application. **International applicants:** Please provide translated copies of documentation where applicable. Also refer to the Essential Information Booklet for further information.
5. If you have **attended another university** 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.

Application Fees:

Local Students	R205
SADC & countries in Africa	R320
Countries outside Africa	\$90

The banking details are as follows:

Name: University of KwaZulu-Natal
Bank: First National Bank
Acc. No: 50871932932
Branch: Durban Corporate
Branch Code: 223626
Swift Code: FIRNZAJJ - Durban Corporate branch
Reference: F001 32020 with applicant's full name

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

Closing Dates:

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

Evaluation:

International applicants are advised to have their qualifications assessed by the South African Qualification Authority (SAQA). 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 3070/1310
Pietermaritzburg – Tel: +27 (0)33 260 5959/5233
Westville – Tel: +27 (0)31 260 7706/7888
Edgewood – Tel: +27 (0)31 260 3665

Needing Assistance:

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

Edgewood – Tel: +27 (0)31 260 3665
Howard College – Tel: +27 (0)31 260 2668/9
Medical School – Tel: +27 (0)31 260 4595
Pietermaritzburg – Tel: +27 (0)33 260 5233
Westville – Tel: +27 (0)31 260 7337/7087

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 2028
Medical School – Tel: +27 (0)31 260 2028
Pietermaritzburg – Tel: +27 (0)33 260 5915
Westville – Tel: +27 (0)31 260 7912



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: _____

1. DEGREE FOR WHICH APPLICATION IS BEING MADE

• Have you been registered as a student at University of KwaZulu-Natal/University of Durban-Westville before? YES NO

• If yes, what was your Student No.?

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Year of entry:

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

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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 _____

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.:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

3. RESIDENCY

- Are you a permanent resident of SA? YES NO
- If not, what is your country of permanent residence? _____
- Passport No.:
- Expiry Date
- Res Permit No.: (if in possession)
- Expiry Date:

4. POST-SCHOOL ACTIVITIES

Present activity (Please tick)

*University student	01	<input type="checkbox"/>
Teacher's Training College	02	<input type="checkbox"/>
Technikon Student	03	<input type="checkbox"/>
College of Nursing student	04	<input type="checkbox"/>

Technical College student	05	<input type="checkbox"/>
Labour Force (Employed)	07	<input type="checkbox"/>
Standard 10 pupil/Grade 12 learner	08	<input type="checkbox"/>
OTHER (_____)	10	<input type="checkbox"/>

* If university student, please state last institution 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			
Postal Code		Telephone No. (Work):	
			Area dialling code: <input type="text"/>
Fee Account to Employer		Yes <input type="checkbox"/>	No <input type="checkbox"/>

5. ENGLISH PROFICIENCY

APPLICABLE TO INTERNATIONAL STUDENTS ONLY

Students 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 Post-graduate studies and 6.0 for Undergraduate studies, or
 - a test score of 550 on the Test of English as a Foreign Language (TOEFL).

Scores need to be submitted with application forms.

Name of document: _____

6. ADDRESS AND CONTACT DETAILS

Postal Address: _____ _____ _____ _____	Physical address (if different from postal): _____ _____ _____ _____	Contact Telephone Numbers: Work: Code: _____ No: _____ Home: Code: _____ No: _____ Fax: Code: _____ No: _____ Cell: _____ Email: _____
Postal Code: _____	Town/City: _____	

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:

Email: _____

8. HIGH SCHOOL DETAILS

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

Name of school certificate/diploma: _____

Examination No: _____

NB: INTERNATIONAL STUDENTS 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	DEGREE/DIPLOMA/CERTIFICATE	Completed		AWARD DATE IF COMPLETED	YEAR ATTENDED	
			Yes	No		From	To
			1				
2							
3							
4							
5							
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 disabilities, 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/quadriplegia/
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 HEALTH INSURANCE FOR INTERNATIONAL STUDENTS ONLY:

I _____ (name) confirm that I will/have applied for adequate health insurance cover while in South Africa.

Name of Health Insurance Company _____

Address: _____ Telephone No: _____

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 arrangements 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 what ever, 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

14. 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/SAQA Certificate YES NO
 - Residency/Temp Residency Permits } Compulsory for YES NO
 - English Proficiency proof } international YES NO
 - Medical Insurance Info } 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

15. 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 Faculty, 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 a full CV in the area of specialisation and supporting documentation.

ADDITIONAL COMMENTS: _____

SUPERVISOR Name: _____ School/Programme _____

CO-SUPERVISOR Name: _____ 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: _____

PROVISIONALLY APPROVED BY HEAD OF SCHOOL: _____ DATE: _____

PROVISIONALLY APPROVED BY DEAN: _____ DATE: _____

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

Approved by: _____ FACULTY BOARD ON: _____