



University of Fort Hare
Together in Excellence

APPLICATION FOR ADMISSION

(All undergraduate, post graduate and international students)

Attach ID
Photo here

This is an APPLICATION to study at the University of Fort Hare in 2011.

CLOSING DATE FOR ALL ACADEMIC PROGRAMMES: 30th SEPTEMBER 2010

TAKE NOTE ALL INCOMPLETE APPLICATION FORMS WILL NOT BE PROCESSED AND THE APPLICANTS ADMISSION TO ACADEMIC PROGRAMMES AS WELL AS PLACEMENT IN A RESIDENCE (WHERE APPLICABLE) COULD BE DELAYED:

APPLICATION FEES

TUITION: Non-refundable fee of R100-00 on or before 30th September 2010.
Non-refundable fee of R250-00 after 1st October 2010

RESIDENCE: Non-Refundable fee of R110-00 on or before 30th September 2010.
Acceptance of accommodation of R550-00 before 31st December 2010

BANKING DETAILS:

PLEASE ATTACH THE ORIGINAL DEPOSIT SLIP TO YOUR APPLICATION FORM

- **Bank:** Standard Bank
- **Branch:** Alice
- **Branch Code:** 05 01 19
- **Account Name:** University of Fort Hare
- **Account Number:** 28 210 1357
- **Reference:** Applicant's full name

1. PERSONAL DETAILS

TITLE:

ID Number

FIRST NAMES:

SURNAME:

MARITAL STATUS:

GENDER:

Male

Female

DATE OF BIRTH:

Dd/mm/yyyy

STUDENT NUMBER

RECEIPT NUMBER

ONE (1) CERTIFIED COPY of each of the following documents must be attached and two (2) in the event of selection courses: (such documents become the property of the University of Fort Hare and will not be returned),

Identity Document

Original Proof of payment of application fee

March and June / Septemeber Grade 12 Results

School End Certificate

Academic Record including proof that the Certificate of Conduct has been requested from the previous University / University of Technology / Technikon if you have registered at another institution.

Postgraduate applications must be accompanied by all certificates for qualifications already obtained.

A study permit or proof of permanent residence must be submitted by international applicants

SAQA Evaluation report for international students

Reminder:

- If you are applying for financial assistance, kindly fill in the financial aid application form
- If you are applying for the transfer of credits form another higher education institution to Fort Hare, please fill in the attached form
- Please register to write the National Benchmark Test (NBT). Details are tabled in the enclosed NBT flyer.

OFFICE USE ONLY
RECEIVED AND CHECKED: _____
STAFF NUMBER: _____

2. CONTACT DETAILS

2. 1 APPLICANT'S DETAILS

TELEPHONE NUMBERS:		(Home)
		(Work)

CELLPHONE NUMBER:

NB: SMS messages will be sent to this number

E-MAIL ADDRESS:

POSTAL ADDRESS (WHERE MAIL MUST BE DELIVERED)	<input type="text"/>	
	<input type="text"/>	
	<input type="text"/>	
Postal Code		<input type="text"/>

NB: Take note that acknowledgements of receipt and other communications will be sent to the above-mentioned address

RESIDENTIAL ADDRESS: (No postal address must be indicated here)	<input type="text"/>	
	<input type="text"/>	
	<input type="text"/>	
Postal Code		<input type="text"/>

2. 2 PARENT / GUARDIAN'S DETAILS: (COMPULSORY)

SURNAME: <input type="text"/>	INITIALS: <input type="text"/>
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RELATIONSHIP: <input type="text"/>	TITLE: <input type="text"/>
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TELEPHONE NUMBERS:		(Home)
		(Work)

CELLPHONE NUMBER:

E-MAIL ADDRESS:

POSTAL ADDRESS (WHERE MAIL MUST BE DELIVERED)	<input type="text"/>	
	<input type="text"/>	
	<input type="text"/>	
Postal Code		<input type="text"/>

RESIDENTIAL ADDRESS: (No postal address must be indicated here)	<input type="text"/>	
	<input type="text"/>	
	<input type="text"/>	
Postal Code		<input type="text"/>

3. ADDITIONAL INFORMATION FOR REPORTING TO THE DEPARTMENT OF EDUCATION

3.1 ETHNICITY	African		Asian		Coloured		White	
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3.2	LANGUAGES (mark with an X where applicable)	Home Language
	Afrikaans	
	English	
	isiNdebele	
	isiXhosa	
	isiZulu	
	sesSotho	
	sesSotho sa Lebowa	
	Setswana	
	siSwati	
	Tshivenda	
	Xitsonga	
	Other	

4. Any disability or special educational needs:	Yes	No	• If YES please complete below
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CONFIDENTIAL

Students with disabilities/special educational needs:

The unit for Students with Disabilities provide support services for students with disabilities. Please provide the following information to enable the University to offer maximal support to students with special needs:

Name:..... **Student No:**.....

Intended area of study:

Did you apply for residential accommodation?	Yes
	No

Disability:	Visual Impairment	
	Hearing Impaired	
	Physical Impairment	
	Other:	

Please specify:

5. CITIZENSHIP DETAILS (INTERNATIONAL APPLICANTS ONLY)

COUNTRY	<input type="text"/>
CITIZENSHIP STATUS	<input type="text"/>
ID NUMBER	<input type="text"/>

Passport issue date:	<input type="text"/>	Expiration date:	<input type="text"/>
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6. ACADEMIC DETAILS					
LEVEL OF STUDY (Indicate choice with an X)	Undergraduate	Advanced / Postgraduate Certificate/ Diploma	Honours	Masters	Doctoral
* DEGREE / DIPLOMA FOR WHICH APPLICATION IS BEING MADE	First Choice:				
	Second Choice:				
	Third Choice:				
FIELD OF STUDY (Postgraduates only)	First choice:				
	Second Choice				
RESEARCH OR STRUCTURED DEGREE (Indicate choice with an X)	<i>For a research degree the curriculum requires that you compile a dissertation/thesis. For a structured degree the curriculum requires that you attend classes and compile a mini-dissertation. If you are uncertain what the curriculum requirements are, please contact your particular Department.</i>				
	RESEARCH			STRUCTURED	
CAMPUS (Indicate choice with an X)	Alice	Bhisho		East London	
TYPE OF STUDY	Full Time			Part time	
PREVIOUS YEAR'S ACTIVITY (Indicate choice with an X)	Post School College			Scholar	
	University of Technology (Technikon)			University	
	Working (employed)			Unemployed	

7. FINANCIAL AID (only for RSA citizens):	YES	NO
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8. DETAIL OF SCHOOL RECORD (ONLY UNDERGRADUATE)
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Name of school:															
Address of school:											Postal Code				
Telephone number of school								Matric Year							
Matric examination Number															
NATIONAL SENIOR CERTIFICATES (NSC)															
Senior Certificate obtained before 2008 Type of exemption (Mark with an X)	<i>Endorsement</i>						<i>Conditional Endorsement</i>								
	<i>Senior Certificate without Endorsement</i>						<i>Other (please specify)</i>								

- Applicants who completed the Senior Certificate before 2008 must provide a certified copy of the Senior Certificate and need not complete Section 9

9.	SCHOOL SUBJECTS (for languages, please state whether 1st / 2nd or 3rd language)
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Year	Month	School Subject	Grade 11 (Nov)			Grade 12 (March/Jun)		
			Actual Mark	Out of	Total	Actual Mark	Out of	Total
				Out of			Out of	
				Out of			Out of	
				Out of			Out of	
				Out of			Out of	
				Out of			Out of	
				Out of			Out of	
				Out of			Out of	
				Out of			Out of	
				Out of			Out of	
				Out of			Out of	

GRADE 11 MARKS MUST BE COMPLETED AND ATTACH REPORT

10. IF YOU HAVE BEEN REGISTERED AT ANOTHER UNIVERSITY /TERTIARY INSTITUTION IN THE PAST, PLEASE SUPPLY THE FOLLOWING INFORMATION

NAME(S) OF UNIVERSITY(TIES) OF TECHONOLGY (TECHIKONS(S) COLLEGE(S)	DEGREE / DIPLOMA OBTAINED	YEAR(S) OF REGISTRATION		STUDENT NUMBER
		FROM	TO	

HAVE YOU EVER BEEN PROHIBITED FROM PROCEEDING WITH YOUR STUDIES AT ANY UNIVERSITY / UNIVERSITY OF TECHNOLOGY (TECHNIKON) / COLLEGE?	YES	NO
IF SO, WHERE?		

11. CONCURRENT REGISTRATION AT THIS AND / OR ANOTHER HIGHER EDUCATION INSTITUTION.

A student enrolled at this university may only with the permission of the dean / deans be registered simultaneously at / for more than one (1) qualification / institution.

DECLARATIONS WHICH MUST BE COMPLETED AND SIGNED.

DECLARATION BY STUDENT (COMPULSORY)

I hereby cede all rights to which I am or may be entitled to discharge amounts due to the University as aforesaid against the aforesaid facility.

Signature of student:.....

Date:.....

DECLARATION BY APPLICANT

I hereby declare:

If my application should be successful, I undertake to:

- (a) Comply with the general rules and regulations of the University of Fort Hare.
- (b) Inform the Registrar immediately, in writing, of any change of address.
- (c) Acquaint myself with the general rules and regulations relating to the programme for which I am accepted
- (d) I am fully aware that the University of Fort Hare is under no obligation to provide either financial assistance or accommodation of any kind.
- (e) I acknowledge that all fees have been determined by the Council of the University of Fort Hare.
- (f) I agree that the relevant fees will be paid, as indicated in the Prospectus, by the due dates. If such fees are not paid, I acknowledge the rights of the University to cancel my registration at any time and to claim payment of the amounts owing by me and/or my guardian.
- (g) I declare that all particulars given by me on this form are true and correct.
- (h) I agree that any misrepresentation due to information entered on this form or the withholding of information, shall cause this application to become void or voidable at the discretion of the University without prejudice to its rights.
- (i) Should I, during the course of my studies, at the University, sustain any injuries or contract any illness or suffer any loss or damages, I hereby undertake not to institute any claim against the University on account thereof, irrespective of the cause of such damages or loss. In the event of my death during the course of my studies, this undertaking shall be binding on the executor of my estate and my heirs and successors-in-title. Under the circumstances referred to above, I, or my executor, administrator, heirs, and successors-in-title (in the event of my death) hereby indemnify the University in respect of any damages suffered by me arising from any of the causes referred to above.

I acknowledge that I have read this document, understand its contents and agree to its terms and conditions. I further acknowledge that I am signing this agreement freely and voluntarily.

Signature of the student: **Date:**.....

DECLARATION BY PARENT/GUARDIAN IN THE CASE OF THE APPLICANT BEING A MINOR

I declare that I am aware that Rules and Regulations exist that have been promulgated by the Council of the University. I confirm that I am aware that the Council may promulgate further Rules and Regulations from time to time and I agree that my son/daughter binds himself / herself to comply with such Rules and Regulations.

I hereby give my permission that my son/daughter may conclude or amend any agreement pertaining to loans/or bursaries with the University.

I hereby declare that I am the legal guardian of the above minor signatory, and I hereby assist , approve, ratify and agree to the above minor signatory signing this document (Waiver of Liability and Indemnity and Declaration).

I hereby waive any and all rights, claims, demands and causes of action which I may have against the University, its employees, contractors and agents arising from the above minor signatory's participation in the degree/diploma and the related activities, including without limitation, any claim for damages to my property or any property in the above minor signatory's possession or under his/her control, and/ or damages resulting from his/her personal injury or death.

I furthermore hereby indemnify the University, its employees, contractors and agents against any and all liability, loss, damages and legal costs which the University , its employees, contractors and agents may incur or sustain as a result of any claims which be instituted by the above minor signatory (after reaching the age of 18 years or while still a minor, with the assistance of his/her guardian) to the extent that the same have arisen from, have occurred during or are in any way related to his/her participation in the degree/diploma and the related activities.

I acknowledge that I have read this document, understand its contents and agree to its terms and conditions. I further acknowledge that I am signing this agreement voluntarily.

Full names and surname of parent / guardian:

Identity Number:.....

Signature of parent / guardian:

Date:

Office Use Only

	1st choice	Signature	Date	2nd Choice	Signature	Date	Signature & date when processed by Student Admin
Accepted							
Provisionally accepted							
Waitlisted							
Rejected							
	3rd Choice	Signature	Date				Signature & date when processed by Student Admin
Accepted							
Provisionally accepted							
Waitlisted							
Rejected							
Administrative Comments:							
Final Choice					Official Signature:		

SEND COMPLETED APPLICATIONS TO:

<p>ALICE CAMPUS</p> <p>The Registrar University of Fort Hare Private Bag X1314, Alice 5700</p>		<p>EAST LONDON CAMPUS</p> <p>The Registrar University of Fort Hare P.O. Box 7426 East London 5200</p>
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Contact Details	Alice Campus Tel: 040 602 2122 / 2281 / 2053 East London Campus Tel: 043 704 7004 / 7155 / 7266
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WANT A LAPTOP? GET IT WITH US

Apply for laptop finance today and enjoy great laptop deals plus these fantastic benefits:

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(Optional)

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TO 32150 OR CALL 0860 55 55 44**


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PRE-AGREEMENT STATEMENT, QUOTATION AND AGREEMENT
 ("Eduloan") (Reg No: 1996/003961/07) in terms of Section 92 of the National Credit Act 34 of 2005. NCR Number: NCRCP158

Open Learning House, Constantia Park,
 Cnr 14th Ave & Hendrik Potgieter Road, Weltevreden Park
 PO Box 5287, Weltevreden Park, 1715

Call Centre: 0860 55 55 44
 Fax No: 086 633 3832
 086 6333841/3
 www.eduloan.co.za

CONSUMER'S DETAILS			
Surname:			ID No:
Name:			Tel (home):
Physical address: (domicile)			Postal address:
	Code:		Code:
Employer:		Employee No:	
Occupation:	Years in service:	Tel (work):	
Email address:			Cell:
Race (Legal Requirement):	<input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Coloured <input type="checkbox"/> White	Gender:	<input type="checkbox"/> Female <input type="checkbox"/> Male
		Marital status:	<input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> COP <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Divorced <input type="checkbox"/> Single

STUDENT'S DETAILS			
Surname:			Full names:
ID No:			Student No:
Tel (Home):			Tel (Work):
Cell:			Email address:
Educational institution:			Course studying:
Length of course:			Applying for: <input type="checkbox"/> Certificate <input type="checkbox"/> Diploma <input type="checkbox"/> Degree <input type="checkbox"/> Honours <input type="checkbox"/> Masters
			Year of study:

CONSUMER'S INCOME DETAILS			
Nett salary excluding overtime and bonus:	R		COMMENTS RELATING TO INCOME
Other income (e.g. maintenance, pensions, etc. - please provide proof):	R		
Total monthly income:	R		
Total monthly expenses (e.g. food, clothes, insurance, housing, etc.):	R		
Total monthly disposable income:	R		

QUOTATION (This Quote is valid for 5 working days and becomes an Agreement if signed by the Consumer hereunder)			
Loan amount:	R		Type of loan: <input type="checkbox"/> Study Loan <input type="checkbox"/> Laptop Loan <input type="checkbox"/> Book Loan
Interest payable: _____ %	R		Laptop Make: <input type="text"/>
Total monthly service fees (included in instalment):	R		Model: <input type="text"/>
Initiation fee (included in instalment):	R		Payments are made directly to the Educational Institution indicated above. If the Student cancels his/her studies at the Educational Institution, any credit on the Student's account will be credited to the Consumer's Eduloan account.
Total amount repayable:	R		
Number of instalments (months):		Annual (%) interest rate: _____ %	Commission agent code: <input type="text"/>
Monthly instalment:	R		Commission payable: <input type="text"/>
Total Instalment:	R		Agents Name: <input type="text"/> ID: <input type="text"/>

DEVELOPMENT AGREEMENT BETWEEN EDULOAN AND THE CONSUMER AND REPAYMENT AUTHORITY DETAILS			
<p>The Parties agree that Eduloan will advance the Loan Amount to the Consumer and pay it to the above Educational Institution for the above student or allocate it to the Debit Card provided by Eduloan to the student. The Consumer undertakes to repay the Total Amount in the number of monthly instalments as detailed in terms of the authority below. The Consumer hereby authorises his/her Employer specified above to deduct the monthly instalments from his/her salary. Any charges levied by the Employer to effect the salary deduction will be for the account of the Consumer and the Employer will recover the costs directly from the Consumer's salary. If this salary is deducted through interalia Persal/Persol/SASSA system, the deduction will be deemed to be administered by Eduloan on behalf of the Educational Institution indicated above.</p> <p>If Eduloan does not have a deduction agreement with the Consumer's Employer or if a salary deduction can not be executed, the Consumer authorises Eduloan to deduct the instalments from the following bank account via a debit order.</p>			
Name of the account holder:			Bank:
Branch code:			Account No:
Type of account:			Date of first deduction: <input type="text"/> / <input type="text"/> / <input type="text"/> Date of deduction: <input type="text"/>
The Consumer agrees that Eduloan may change the date of deduction if the agreed upon date is not a working date.			

- | FURTHER INFORMATION | | | |
|---|--|--|--|
| <ul style="list-style-type: none"> Eduloan will provide statements to the Consumer on a quarterly basis. The Consumer may settle the Agreement at any time. The unpaid balance of the loan amount, unpaid interest and fees will be used to calculate the settlement amount up to the settlement date. If a Consumer defaults in terms of this Agreement, Eduloan may terminate this Agreement according to the provisions of the National Credit Act. In such cases, the above Educational Institution may withhold the Student's results or take any action it may deem fit. The addresses stated at the top of the Credit Agreement will be the addresses where the parties will accept any documents, pleadings and notices relating to this Agreement. Legal documents, pleadings and notices may be forwarded to legal@eduloan.co.za or faxed to: 086 632 4445 Penalty interest and fees on arrear amounts will be the same as the interest rate and fees charged in respect of the Agreement. Eduloan is not an agent or representative of the educational institution and can not be held responsible if the institution fails to deliver educational services to the Student. The consumer consents to Eduloan checking their credit record with any credit reference agency. The consumer also consents to Eduloan providing credit reference agencies with regular updates regarding the conduct of the consumers account, including the failure to meet the agreed terms and conditions. The consumer agrees that the credit reference agencies may, in turn, make their record and details available to other credit grantors. The consumer warrants that all the information supplied is to the best of their knowledge and belief, true and correct in all material respects and is unaware of any other information which, should it become known to Eduloan, would affect the consideration of this application in any way. The interest rate on loans for laptops will be linked to the prime rate and will be reviewed and adjusted on the anniversary date of the agreement. By signing this agreement the consumer acknowledges that he/she has read and understood the terms and conditions and will adhere thereto. Under no circumstances will Eduloan be held liable for any illegal actions carried out by the consumer, student or any other party making use of the laptop. These actions include, but are not limited to, copyright infringement of software and hardware. | | | |

MARKETING OPTIONS (Applicant to indicate preferences)					
The Consumer opts to be included in the distribution of Eduloan SMS and email messages.	Yes	No	The Consumer opts to be included in all Eduloan telemarketing campaigns.	Yes	No
The Consumer opts to be included in marketing/customer lists sold/distributed by Eduloan.	Yes	No	Send statement via email.	Yes	No

Your signature denotes acceptance of the quotation terms and becomes a binding agreement.

Consumer

/ /

Eduloan Representative

/ /

Education finance made easy

When it comes to study loans, talk to the education finance experts for affordable payment options designed to suit you best.

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- Books and laptops

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CONTACT US:

- on **0860 55 55 44**
- or SMS 'Edu' to **32150** and we'll call you back
- or visit **www.eduloan.co.za** for more information

NOTE:

When applying ensure you have your or your sponsor's latest payslip, ID and latest bank statement, as well as the study fee quote.