



Proud
Recipient
of the
**Supreme
Order
of
Baobab**
(gold)

APPLICATION FORM

The Registrar
Alice Main Campus
Private Bag X1314
Alice 5700

The Registrar
East London Campus
50 Church Street
East London E20 2JH



University of Fort Hare
Together in Excellence

**THIS FORM MUST BE ACCOMPANIED BY THE APPLICABLE NON-REFUNDABLE APPLICATION FEE.
PLEASE READ THE INSTRUCTIONS BEFORE COMPLETING THE FORM.**

1. This is only an application for admission to an academic programme. Should you wish to enquire about accommodation or financial matters, please contact the relevant department accordingly.
2. To avoid delays in processing, all information required must be filled in as accurately as possible.
3. **APPLICATION FEE:**
Closing date for application is 30 September.
A non-refundable fee of R80.00 must accompany the application form.
A non-refundable late application fee of R200.00 is payable after the closing date.

4. BANKING DETAILS:

Please attach the original deposit slip with your application form.

Account Name:	University of Fort Hare
Bank:	Standard Bank
Branch:	Alice
Branch Code:	050119
Account Number:	282101357
Reference:	Applicant's Full Names

5. DOCUMENTS:

Certified copies of the following documents must be attached:

- 5.1 A senior certificate or equivalent qualification / June or September Grade 12 results.
- 5.2 Your academic record and certificate of conduct in respect of studies at any other tertiary education institution, if applicable.
- 5.3 Certificates / diplomas / degrees previously obtained.
- 5.4 I.D. Documents and/or marriage certificate (if applicable).
- 5.5 A study permit or proof of permanent residency must be submitted by foreign applicants.
- 5.6 Salary advice of person responsible for paying your fees.

6. ADMISSION ENQUIRIES:

ADMINISTRATIVE ENQUIRIES:
 University of Fort Hare (Main Campus)
 Student Administration
 Tel: 040-602 2281/2122
 Tel: 040-602 2008/2174
 E-mail: aliceenquiry@ufh.ac.za

East London Campus
Student Administration
Tel: 043-704 7004/7155

E-mail: elenquiry@ufh.ac.za

APPLICATION FOR ADMISSION

YEAR				
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SEMESTER 1	SEMESTER 2	ANNUAL
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WERE YOU PREVIOUSLY REGISTERED AT UNIVERSITY OF FORT HARE?	YES		NO	
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IF YES, KINDLY INDICATE YOUR STUDENT NUMBER									
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OFFICE USE ONLY									
STUDENT NUMBER									

STUDENT PARTICULARS

MR/MRS/MISS SURNAME INITIALS

FIRST NAMES

I.D. NUMBER DATE OF BIRTH GENDER M F

ARE YOU A SOUTH AFRICAN CITIZEN YES NO IF NO, PASSPORT NUMBER

CITIZENSHIP IF NOT SOUTH AFRICAN STUDY PERMIT

MARITAL STATUS: SINGLE MARRIED HOME LANGUAGE: ENGLISH XHOSA OTHER

RACE GROUP: B W C I ALIEN INDICATOR: RESIDENT NON-RESIDENT

HOME ADDRESS

TELEPHONE No () HOME TELEPHONE No () WORK

SCHOOL ATTENDED

MATRIC DATE: MATRIC TYPE: ACTIVITY LAST YEAR:

DO YOU HAVE ANY DISABILITIES? IF SO PLEASE STATE WHAT KIND

COURSES OF STUDY

COURSES OF STUDY APPLIED FOR: (ACADEMIC QUALIFICATION e.g. B.Sc, BAdmin etc) (If application is for non-degree purposes, please indicate with code NDP)	MARK APPROPRIATE COLUMN WITH AN X		AT WHICH CAMPUS WOULD YOU LIKE TO STUDY (MARK WITH AN X)			OFFICE USE
	FULL TIME	PART TIME	MAIN CAMPUS (ALICE)	EAST LONDON	BUSHO	W.R.S. SCORE
PROPOSED COURSE 1st CHOICE						
PROPOSED COURSE 2nd CHOICE						

Please make sure that the qualification you want to pursue is offered at the campus you've selected.

NEXT OF KIN

NAME

ADDRESS

TELEPHONE No () HOME TELEPHONE No () WORK

CELLPHONE No

OFFICE USE ONLY
RECEIPT NUMBER CASHIER DATE



TERTIARY EDUCATION

If you have a Tertiary Education, please supply relevant details below:

Institution where you studied and location of the institution _____

How many years did you study for? _____

Highest qualification received? _____

VERY IMPORTANT

A) IF THE APPLICANT IS CURRENTLY IN GRADE 12, PLEASE SUBMIT A CERTIFIED COPY OF YOUR JUNE OR SEPTEMBER GRADE 12 RESULTS. THE REPORT MUST INDICATE THE SUBJECTS AND SYMBOLS OBTAINED AND WHETHER THE SUBJECTS ARE ON THE HIGHER GRADE OR STANDARD GRADE.

B) IF THE APPLICANT HAS ALREADY COMPLETED GRADE 12, PLEASE SUBMIT A CERTIFIED COPY OF THE SENIOR CERTIFICATE.

EXEMPTION FROM / RECOGNITION OF COURSES

DO YOU WISH TO APPLY FOR EXEMPTION FROM, OR RECOGNITION OF, COURSES ALREADY COMPLETED?
(INDICATE WITH AN X)

IF YES, COLLECT AND COMPLETE EXEMPTION FORM OBTAINABLE FROM YOUR FACULTY MANAGER'S OFFICE.

YES

☐

THIS APPLICATION FORM MUST BE SUPPORTED BY AN ORIGINAL ACADEMIC RECORD FROM THE INSTITUTION WHERE YOU WERE PREVIOUSLY REGISTERED.

NO

☐

OTHER QUALIFICATIONS OBTAINED

DEGREE, DIPLOMA, CERTIFICATE	INSTITUTION	ATTENDED FROM	TO

OFFICE USE ONLY

	1st CHOICE	SIGNATURE	DATE	2nd CHOICE	SIGNATURE	DATE	SIGNATURE AND DATE WHEN PROCESSED BY STUDENT ADMISSIONS
ACCEPTED							
PROVISIONALLY ACCEPTED							
WAITLISTED							
REJECTED							

FACULTY'S COMMENTS:

FINAL CHOICE

DEAN'S SIGNATURE



TO BE COMPLETED BY ALL PARENTS OR LEGAL GUARDIANS

DECLARATION BY PARENT OR LEGAL GUARDIAN

To be completed by all applicants (compulsory).

NAME OF PARENT OR LEGAL GUARDIAN _____

IDENTITY NUMBER: _____

POSTAL ADDRESS _____ PHYSICAL ADDRESS _____

RELATIONSHIP TO STUDENT (e.g. FATHER, MOTHER, UNCLE) _____

CITIZENSHIP _____

TELEPHONE NUMBER _____ FAX NUMBER _____

CELL NUMBER _____ E-MAIL ADDRESS _____

In the event of the failure of the student to pay fees as referred to in the Prospectus, I, in my capacity as parent/guardian of the said student, undertake to become liable for the payment of such fees.

SIGNATURE OF PARENT/GUARDIAN: _____ DATE: _____

DECLARATION

1. If my application should be successful, I undertake to:
 - 1.1 Comply with the general rules and regulations of the University of Fort Hare.
 - 1.2 Inform the Registrar immediately, in writing, of any change of address.
 - 1.3 Acquaint myself with the general rules and regulations relating to the programme for which I am accepted.
2. I am fully aware that the University of Fort Hare is under no obligation to provide either financial assistance or accommodation of any kind.
3. I acknowledge that all fees have been determined by the Council of the University of Fort Hare.
4. 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.
5. I declare that all particulars given by me on this form are true and correct.
6. 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.
7. 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.

SIGNATURE STUDENT

DATE