

July 2016

Dear 2017 MDS Applicant

Thank you for your interest in our Masters in Development Studies Programme (MDS). We are sure that a this Master's degree obtained at the UFS will be the best investment you have made in your career.

To apply for the MDS you will need to complete 2 applications namely:

- A) UFS and separately
- B) MDS
 - A) The **UFS application** consists of the online application for 2017 on the UFS website and the TALPS (Academic Literacy test). For the online UFS application connect to website- http://www.ufs.ac.za/apply . Once application is successful you will receive a student number. **No** manual applications will be accepted.

TALPS – Attached the TALPS information sheet with information and the registration for the online TALPS test. Please engage with the TALPS office at talps@ufs.ac.za to arrange for the TALPS test to be taken before the end of **October 2016**.

If you do not have an honours degree, please indicate so in MDS form – page . We will assist you to follow the Recognition of Prior Learning (RPL) process. The requirement for RPL is a degree and 5 years relevant development experience.

- B) MDS application consist of the following:
 - Two recommendation forms to be completed and sent in sealed envelopes (page 6-9)
 - An essay on what you consider as the major development challenges facing your region
 - Motivation on why you wish to be included in the Masters in Development Studies Program
 - Certified copy of your ID/Passport
 - Certified copy of your academic track records
 - Certified copy of your academic certificates
 - Curriculum vitae
 - Signed Undertaking page 3
 - Completed form MDS3 page 5

We trust that you will find all the information you need in this application pack. Please let us know if we can be of assistance to you during this application process.

Sincerely

Dr Deidre van Rooyen

Director: Masters in Development Studies



Attached: Rules and Regulations 2016

How to obtain a quotation for the programme

TALPS information

RPL Process

DELIVERY ADDRESS

Centre for Development Support Room 364, 3rd Floor, Flippie Groenewoud Building P O Box 339 (Internal box 100)

University of the Free State Nelson Mandela Road Bloemfontein

Tel: 027 51-4013812 Fax: 027 51-4013424 E-mail: mds@ufs.ac.za



Student's undertaking

I hereby declare:

- 1. That the information in this application is true and correct.
- 2. I also understand that my application will not be evaluated should there by ANY information outstanding or should my application be handed in after the closing date.
- 3. That I have satisfied myself as to the contents of the Rules and Regulations of the University of the Free State.
- 4. That for the duration of my years of study I commit myself to complying with all Rules and Regulations laid down by the University Council or any other authorized body or person, as well as further Rules and Regulations the University Council or any other authorized body or person may promulgate from time to time, which Rules and Regulations shall form part of my agreement with the University of the Free State.
- 5. That I accept responsibility for the prompt payments of all accounts as prescribed in the Rules and Regulations and any other accounts of which I am indebted to the University of the Free State.
- 6. That I furthermore undertake to pay all legal costs of the University of the Free State, including attorney's and client's costs as well as collecting charges, if I should fail to meet any obligations with regard to payments.
- 7. That the agreement arising from the signing of this application shall notwithstanding the place of signature be deemed to be concluded at Bloemfontein.

Student's signature	Date



CLOSING DATE: END OF AUGUST 2016

KINDLY NOTE THAT APPLICATION FOR ADMISSION DOES NOT IMPLY THAT A STUDENT HAS BEEN ACCEPTED OR REGISTERED!! ALL APPLICATIONS WILL BE EVALUATED BY A SELECTION PANEL. ALL SUCCESSFUL CANDIDATES WILL BE INFORMED DURING THE MONTH OF DECEMBER.

MDS APPLICATION FORMS/INFO

You need to submit the following:

- Two <u>recommendation forms</u>. Included in this package you will find the recommendation forms. (MDS 1/2)
- An <u>essay</u> on what you consider as the major development challenges facing your region (Two to three typed A4 pages). Each essay will be scanned for plagiarism. Applicants that plagiarized will not be considered for the MDS programme.
- <u>Motivation</u> on why you wish to be included in the Masters in Development Studies Programme (One to two typed A4 pages or 300 500 words)
- Certified copy of your ID/Passport
- Certified copy of your academic track records
- Certified copy of your academic certificates
- Curriculum vitae
- Signed undertaking
- Completed form MDS3 Page 5

PLEASE SEND YOUR COMPLETED MDS
APPLICATION PACKAGE TO THE CENTRE FOR
DEVELOPMENT SUPPORT AND NOT TO THE
UNIVERSITY ADMISSIONS!





Dear Applicant, please provide us with the following inf	ormation		
Name and surname			
Student No :			
Email and contact no			
Date of submission			
Highest qualification			
If you not do have an honours degree, did you apply fo the outcome.			
: Where did you hear about the Masters in Development			
Should you be one of the successful candidates to be fees?	accepted - w	ho would be paying for all	course
Are you in any way disabled?			es/No
If yes, please indicate your disability: (This will be neesessions)			
I herewith give permission that my essay may be scanr			
	 Date		



MDS APPLICATION 2017

RECOMMENDATION FORM (1)

We enclose two recommendation forms. Please arrange for two people to submit a recommendation for you. One of the forms needs to be completed by your current employer. Have your recommenders complete these forms, seal them in an envelope and return them to the CDS office with the rest of your application forms.

Аp	plicant's name				
I agree that the recommendation I am requesting shall be held in confidence by c University of the Free State, and I hereby waive any rights to examine it					
Re					
Na					
Or	ganisation:				
En	nail address:				
Te	lephone number:				
1.	How long and in what capacity have you known the applicant?				
2.	Are you familiar with the applicant's academic record?	Yes/No			
3.	Do you feel that the applicant is prepared academically for the challenges of the MD	S? Yes/No			
4.	Do you feel that the applicant is prepared emotionally for the challenges of the MDS	? Yes/No			
5.	If English is not the applicant's home language, please comment on his or her called English proficiency.	oral and written			

	Excellent	Very Good	Good	Average	Below Average	Cannot Judge
Oral						
Written						



RECOMMENDATION FORM CONTINUED

6. How would you rate the applicant's skills in the following areas?

	Excellent	Very Good	Good	Average	Below Average	Cannot Judge
Written communication						
skills						
Oral communication						
skills						
Understanding of						
current development						
issues						
Academic achievement						
Academic potential						
Judgement						
Motivation						
Research skills						
Decision-making skills						
Ability to work with						
others						

7.	In comparison with other people at the same level of been associated over the past five years, I would place	•	ave
8.	Any other information that may assist us in our a success (optional).	assessment of the applicant's potential	fo
Red	commender's signature	 Date	

Please return this recommendation form to the address below in a sealed envelope.

Centre for Development Support

Room 364, 3rd Floor,
Flippie Groenewoud Building
P O Box 339 (Internal box 100)
University of the Free State
Nelson Mandela Road, Bloemfontein





MDS APPLICATION 2017

RECOMMENDATION FORM (1)

English proficiency.

We enclose two recommendation forms. Please arrange for two people to submit a recommendation for you. One of the forms needs to be completed by your current employer. Have your recommenders complete these forms, seal them in an envelope and return them to the CDS office with the rest of your application forms.

Applicant's name	
I agree that the recommendation I am requesting shall be held in confidence University of the Free State, and I hereby waive any rights to examine it	ce by officials of the Yes/No
Recommender's signature: Date:	
Name of Recommender: Title:	
Organisation:	
Email address:	
Telephone number:	
How long and in what capacity have you known the applicant?	
Are you familiar with the applicant's academic record?	Yes/No
9. Do you feel that the applicant is prepared academically for the challenges of the	ne MDS? Yes/No
10.Do you feel that the applicant is prepared emotionally for the challenges of the	MDS? Yes/No
11. If English is not the applicant's home language, please comment on his or	r her oral and written

	Excellent	Very Good	Good	Average	Below Average	Cannot Judge
Oral						
Written						



RECOMMENDATION FORM CONTINUED

12. How would you rate the applicant's skills in the following areas?

	Excellent	Very Good	Good	Average	Below Average	Cannot Judge
Written communication skills						
Oral communication skills						
Understanding of current development issues						
Academic achievement						
Academic potential						
Judgement						
Motivation						
Research skills						
Decision-making skills						
Ability to work with others						

13.	In comparison with other people at the same level of educe been associated over the past five years, I would place this	
14.	Any other information that may assist us in our assessuccess (optional).	esment of the applicant's potential for
Rec	commender's signature	Date

Please return this recommendation form to the address below in a sealed envelope.

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