UNIVERSITY OF THE FREE STATE
UNIVERSITEIT VAN DIE VRYSTAAT
YUNIVESITHI YA FREISTATA

UFS HEALTH SCIENCES

PLEASE EMAIL THE FORM TO FHSAPPLICATIONS@UFS.AC.ZA

EXCEPT FOR BNURSING EMAIL TO klopper1@ufs.ac.za

Student number:

Full name and surname:

FACULTY OF HEALTH SCIENCES
SCHOOL OF CLINICAL MEDICINE / SCHOOL OF HEALTH & REHABILITATION SCIENCES

Extramural activities (Only Grade 11 & 12) **- Indicate with an X**	**Yes**	**No**
Are/were you head boy/girl of your school?		
Are/were you deputy head boy/girl of your school?		
Are/were you a school and/or hostel prefect?		
Are/were you a class leader?		
Are/were your parents donor(s) to the UFS?		
Are/were your parents personnel members of the UFS?		
Are/were your parents old Kovsies? Which year?		

Sport activities (ONLY GRADE 11 & 12)	**Participation only**	**First team**	**Provincial colours**	**SA colours**

Cultural activities (ONLY GRADE 11 & 12)	**Participation only**	**Leadership**	**Achievements**

PRINCIPAL'S SIGNATURE
(Certified a true and correct account of the candidate's achievements.
Applicable to Grade 12 learners only.)

OFFICIAL SCHOOL STAMP
(applicable to Grade 12 learners only)

NAME OF SCHOOL:

PROVINCE:

URBAN:

RURAL:

SCHOOL TELEPHONE NUMBER:

SCHOOL FAX NUMBER: