

PLEASE EMAIL THE FORM TO [FHSAPPLICATIONS@UFS.AC.ZA](mailto:FHSAPPLICATIONS@UFS.AC.ZA)  
EXCEPT FOR B NURSING EMAIL TO [KLOPPER1@UFS.AC.ZA](mailto:KLOPPER1@UFS.AC.ZA)

Student or ID number:

Full name and surname:

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

<b>Extramural activities (Only Grade 11 &amp; 12)</b>	<b>- Indicate with an X</b>	<b>Yes</b>	<b>No</b>
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 personnel members of the UFS?			
Are/were your parents old Kovies? Which year?			

<b>Sport activities / Extracurricular (ONLY GRADE 11 &amp; 12)</b>	<b>School</b>	<b>Regional</b>	<b>Provincial</b>	<b>National</b>	<b>International</b>	<b>Sport Certification</b>	
						<b>Entry Level</b>	<b>Higher Level</b>

<b>Cultural activities (ONLY GRADE 11 &amp; 12)</b>	<b>School</b>	<b>Regional</b>	<b>Provincial</b>	<b>National</b>	<b>International</b>

**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:**

**PLEASE SUBMIT THIS DOCUMENT BEFORE 27 JUNE 2025.**