

PLEASE EMAIL THE FORM TO FHSAPPLICATIONS@UFS.AC.ZA
EXCEPT FOR B NURSING EMAIL TO 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**

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 personnel members of the UFS?			
Are/were your parents old Kopsies? Which year?			

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

Cultural activities (ONLY GRADE 11 & 12)	School	Regional	Provincial	National	International

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.