SCHOOL OF OPEN LEARNING Application for Admission – LLB VC.



T: 051 401 9111 info@ufs.ac.za www.ufs.ac.za



Application for Admission 2015

STUDENT NUMBER								i	REG	REV	RED))				Re			k with semes	th X ters mark	c both	
(If you are already in pos	ssession	of a s	tudent	numb	er of	the	Unive	ersity									rst emes	ter		Sec Sen	ond neste	er
RECEIPT NUMBER						\perp				(OFF	FICE	USE	ON	LY)			0	1			0	
1. DETAILS OF APPLICA	ANT	(Comp	olete in	block	< lette	ers aı	nd in	blac	k inł	k)												
Title:		ID n	umbe	r if So	uth A	Afric	an:															
First names:																						
Surname:																						
Marital Status:	Single Marrie	d				(О О	Wide		or wi	dow	er			(_	iving		geth	er		
Gender:	Male							Dat	e of	Birt	h:	[_ [_ [
Ŏ	Female												D		_ [M	M	_ [Υ	Υ	Υ	Y
2. CONTACT DETAILS																						
2.1 DETAILS OF APPL	ICANT																					
Telephone numbers:												(H	ome	EX	AMPL	.E: +2	7 51	401 9	538			
												(W	ork)									
Cellphone number:													: SN mbe		essa	ages	will	be s	sent	to th	is	
E-mail address:																						
NB: Acknowledgement	of receip	ot and	other	comr	nuni	catio	n w	ill be	ser	nt to	the a	abov	/e e-	mail	add	ress.						'
Residential address: No postal address must be indi here: Physical residential addre		ed																				
																4-1						
Postal address: (if different	t from				<u> </u>										P(ostal	coa	e:				
residential address)	t iioiii																					
					<u> </u>										1							
									_						Р	osta	cod	de:				
Prefer communication \	via:	0	E-mail			\bigcirc	SMS	S	C) Po	st											
2.2 DETAILS OF CITIZ	ENSHIP	(INTE	RNAT	IONA	L AP	PLIC	ANT	S OI	NLY))												
Country:																						
Citizenship:																						
ID number: (if applicable)												_		_	_	_	_	_	_		_	·
Passport number:																						
Passport issue date:		- [_						Pass expi					_			-				
	D D		M N	1	Υ	Υ	Υ	Υ	j	evhi	ı y uc	al C .	D	D	L	М	М		Υ	Υ	Υ	Υ
Place of issue:																						



2.3 DETAILS OF PAREI EMERGENCY):	NT/G	UAR	RDIAN	1/0	ГНЕ	R RI	ESPC	ONSI	BLE	PEF	RSO	N SU	СН	AS	NEX	ст С)F K	IN (IN	CAS	SE (OF.	AN		
Surname:																		In	itials	: [
Relationship:																		Ti	tle:					
ID number:																								
Telephone numbers:														(Но	me)	EX	AMPL	E: +27	51 40	1 95	38			
														(Wc	rk)									
Cellphone number:																								
E-mail address:																								
Residential address: (No postal address must be ind here: Physical residential addre																								
																1	$\frac{1}{1}$	Pos	stal c	ode	e:			
Postal address: (if different residential address)	t from															Ī								
(Where mail must be delivered)																								
																		Pos	stal c	ode	e: [
2.4 PERSON LIABLE FO	OR P	AYN	IENT	OF	FEE	s c	OTHE	R TI	HAN	THE	E AP	PLIC	AN	IT										
Full names & surname:																								
Relationship:																			Т	itle	: [
ID number:																								
Telephone numbers:													(I	Hom	e)	EXA	MPLE	E: 051	401 95	538				
													(Wor	k)									
Cellphone number:																								
E-mail address:																								
Residential address: (No postal address must be indicated)	ated he	ere)																						
																		Pos	tal co	ode	: [
Postal address: (if different residential address)	t from																							
																		Pos	tal co	ode	:			
3. RELIGIOUS AFFILIAT	ΓΙΟΝ	(if a	ny sp	eci	fy):																			
4. ADDITIONAL INFORM	ITAN	ON T	го в	E RI	EPO	RTE	D TO	ТН	E NA	TIO	NAL	. DEF	PAF	RTM	ENT	OF	HIG	HER	EDU	CA ⁻	TIO	N		
4.1 ETHNICITY:			Afri	icar	n: ($\bigcup_{i=1}^{n-1}$	lr	ndiar	n: (Cold	oured	d: (\bigcirc	,	Nhi	te:		(Oth	er:)	



4.2 LANGUAGES (mark with an X where applicable)	4.3 TUITION SUPPORT CENTRE (Indicate choice with an X)
Home language:	
Afrikaans seSotho sa Leboa	Cape Town Sandton
English Setswana	Durban North Midrand
isiNdebele siSwati	Westville Pretoria
isiXhosa Tsivenda	Pietermaritzburg
isiZulu Xitsonga	
seSotho Other	
5. ACADEMIC DETAILS:	
5.1 Level of study: (Indicate choice of application with an X)	ndergraduate (first qualification)
5.2 TYPE OF STUDY	ull-time
6. WHAT DID YOU DO IN 2014? (Indicate choice with an X)	
Post-school College	Working (employed) University
University of Technology (Technikon)	Learner Unemployed
Other	Gap year
7.1 ALUMNI	
Please indicate whether you or your immediate family are a	lumni:
7.2 DONOR Please indicate whether you or your immediate family are d	onors:
8. DETAILS OF CURRENT/LAST SCHOOL ATTENDED	
Name of school:	
Address of school:	Postal code:
	Matric year:
City/Town:	
Telephone number of school:	

Applicants who wrote the National Senior Certificate examination must provide a certified copy of the certificate obtained, and do not need to complete Section 10.





9. SCHOOL SUBJECTS (for languages, please state whether 1st, 2nd or 3rd language)/Current Grade 12 learner

Grade 12 Year:	School subject:	Gr	ade 11 (N	lov):	Grade 12	2 (March/J	lun):
	•	Actual mark:	Out of	Total:	Actual mark:	Out of	Total:
			Out of			Out of	
			Out of			Out of	
			Out of			Out of	
			Out of			Out of	
			Out of			Out of	
			Out of			Out of	
			Out of			Out of	
			Out of			Out of	
			Out of			Out of	

GRADE 11 MARKS MUST BE FILLED IN, AND THE REPORT MUST BE ATTACHED (UNDERGRADUATE ONLY).

10. IF YOU WERE REGISTERED AT ANY OTHER UNIVERSITY/TERTIARY INSTITUTION IN THE PAST, PLEASE

SU	PPL	ΥTI	HE F	FOL	LOV	VINC	3 IN	FOR	MA.	TIOI	N:														,		
			NAN	IE OI	F UN	IVER	SITY	/UNI\	/ERS	ITY (OF T	ECHI	NOL	OGY	(TEC	HNI	KON	ı)/COI	LLEG	E/01	HER	INST	ritut	ΓΙΟΝ			
																	Τ	Τ	Τ								
	ı	DEGI	RFF/	DIPI	OMA					Y	EAR	OF F	REGI	STR	ATIO	N					ST	UDF	NT N	UMB	FR		
										FF	ROM	l			то							ODL					

HAVE AT A							_			 _	_	_		\bigcirc	Ye	S	\bigcirc	N	lo	
lf so, v	whe	re?																		

	ne following documents must be attached, and t e the property of the University of the Free State	
Identity document/passport (student/parent)	Gr 11 final exam results (undergraduate only)
Identity document/passport (parent/guardian/other)	Original proof of payment of application fee	
School-leaving certificate	Academic record, including proof that the Ce requested from the previous University/Unive were previously registered at another institut	ersity of Technology/Technikon if you
12.1 ARE YOU THE FIRST PERSON IN	YOUR FAMILY TO ATTEND UNIVERSITY?	Yes
12.2 PLEASE LIST THE ADULTS (18)	EARS AND OLDER) YOU LIVE WITH	
Relationship:	Occupation:	
Highest Qualification:		
Relationship:	Occupation:	
Highest Qualification:		
Relationship:	Occupation:	
Highest Qualification:		
Relationship:	Occupation:	
Highest Qualification:		
13. GROSS FAMILY/HOUSEHOLD INC	OME (EARNINGS BEFORE TAX AND OTHER	R DEDUCTIONS)
MONTHLY	ANNUALLY	
No Income	No Income	
R1-R1,1600	R1-R19,200	
R1,601-R12,800	R19,201-R153,600	
R12,801-R51,200	R153,600-R614,400	
R51,201 and more	R614,401 and more	



Must be completed and signed by a parent/guardian/third party if you accept responsibility for paying the account.

Ì												identit	v num	her)				(initia	ıls, sı	ırnam	ne, ar	ıd		
L ne p	oarent.	t/gua	ardian/ot	 ther								Idonaic	T Tann											
gai niv mo rec	nst wh ersity unts a	nich in fu agair (34	facility t uture (fonst the a of 2005	he Uni r servi aforesa	versit ces re id fac	y sha endere ility o	II be entitled by the number of the number o	ed to Univent	disclersity stude	harge to the ent as	any a stud payr	amount of lent), an nent in f	due by d the bull of s	the s Jnive such a	student rsity sh amount	to that all a s, a	he Ui iccor s cor	nivers dingly ntemp	ity of be elated	whic ntitled in se	h ma d to a ction	cility to y becon ccept p 4(5)(b)	nsert full on the stude me due to payment of the Nate against	ent, the of suc ationa
gai	nst su	ich f	acility, s	shall be	an ir	revoc	able facili	ty ag	ainst	which	the !	Jniversi ¹	y sha	l be e	entitled	to d	ischa	arge s	uch (outsta	nding	amou	to the Urnts. I furth	nermo
		Sig	gnatur	e of p	aren	t/gua	ırdian/ot	her:																
		Da	ate:							D	D	- M	M	-	Y	Υ	Υ	Υ						
he	reby d	decla	are:																					
)	that a	all in	formatio	on in th	is do	cume	nt is true	and c	orrec	t;														
)	Unive speci	ersity ific in	y, which	may ii ons and	nclude d/or a	e, but rrange		e limi	ted to	o, rule	s reg	arding o	ff-can	ipus t	ravellin	ıg, la	abora	tory r	ules	or any	/ safe	ty rules	epartment s, as well es,	
c)	any o	other	authori	sed bo	dy or	perso		l as f	urthe	r rule	s and	regulati	ons th	e Uni	versity	Cou	ıncil d	or any	othe				Council o or perso	
		acc	ent rest				nromnt na	aymer	nt of a	all ac	count							ulotio	ns as	well	ae ar	y othe	r amounts	low
d)	the U			oonsibi	lity fo	r the	prompt pe			an act	Journ	s as pre	scribe	d in th	ne rules	s and	a reg	uiatio			as ai			
		Jnive	ersity;																			afores	said facilit	y;
e)	that I	Jnive I ced	ersity; le all rig	hts to	which	I am	or may be	e enti	tled t	o disc	charge	e amour	ts due	by tl	ne Univ	ersit	ty as	afore	said	again	st the		said facilit	-
e))	that I that I that I capita	Iniversity of the control of the con	ersity; le all rig le all rig e note tl ed in arre	hts to whits for hat any ear, un	which any p amo til dat	I am payme unts i e of p	or may beent due by	e ention the unless	tled to the due is the	o disc ersity date t Natio	charge to me thereconal C	where so stands where so the shall be redit Ac	ts due such a ear in t 34 of	by the by the base	ne Univ	ersiten b	ty as e us	afore ed to ate of	said redu	again ce my	st the debt	to the 2% per	University	/ ;
e) f) g)	that I that I that I capita time, that I	Jnive I ced I take alise in w	ersity; le all rig le all rig e note tl ed in arre hich ev hermore	hts to white for hat any ear, under the eunde	which any p amo til dat ch low	I am payme unts i e of p er ma to pay	or may be ent due by not paid o payment, a aximum a	e ention the unlessellowal	tled to the due is the ble in the sof	o disc ersity date t Natio	charge to me thereconal C trate	where sof shall be redit Ac shall ap	ts due such a ear in t 34 of ply;	by the by the mour teres	ne Universit will the state at an instruction of the state at	ersiten b	ty as e us est ra s a lo	afore ed to ate of wer n	said redu not i	again ce my more i	st the debt than nteres	to the 2% per st rate f	University month,	/; to
e)) g)	that I that I that I capita time, that I fail to	Jnive I ced I ced I take alise in w I furt o me	ersity; le all rig le all rig e note tl d in arro hich ev hermore et any c agreeme	hts to whits for hat any ear, un ent such boligation	which any p amo til dat ch low rtake ons w	I am payme unts i e of p er ma to pay ith re	or may be ent due by not paid o payment, aximum a	the ontion the unless llowal costs aymen	unived to the due so the ble in the	o disc ersity date t Natio teres ne Un	to me thereconal C trate	e amour where s of shall b redit Ac shall ap ty, includ	ts due such a ear in 34 of ply; ding a	e by the mour teres 2005	ne University will the state and so presco	ersiten binter	ty as e use est ra s a lo	afore ed to ate of wer n	redui not i naxim	again ce my more i num ir	st the debt	to the 2% per st rate f	University month, from time	/; to
e) () ()	that I that I capita time, that I fail to that I Bloen that I and/o	Iniversity I cecond to the cecond take a lise in which is the amptor my	ersity; le all rig le all rig le note the d in arroy hich ev hermore et any c agreeme agreeme tein; derstancy y person	hts to what any ear, under the under the under the under the	which any properties and the constitution of t	I am payme unts i e of p er ma to pay ith re- om th	or may be ent due by not paid of payment, aximum a y all legal gard to pay e signing	t in po	due softh the soft the soft the softh the soft	o discontrate date in National Income Un Income Inc	to me thereconal Co t rate iversition short	e amour where sof shall be redit Ac shall ap ty, include all, notwallamage on action	ts due such a sear in t 34 of ply; ding at tthstar to my s, om	by the by	ne Univided that at an of prescond the place the place the prescond the place the prescond the place that are the prescond the place that are the prescond the prescond that are the place that are the pla	en b inter ribes client ce o	est races a lo	afore ed to ate of wer n ts as nature rty in , but a	reduce not a	again ce my more in num in as col emed osses rom ti	st the debt debt debt debt debt debt debt deb	to the 2% per st rate f g charge conclu	University month, from time	to nould



Date:

I hereby declare:

- (k) that I, the undersigned, hereby acknowledge that my registration and participation in the degree/diploma is voluntary, which participation may (depending on the degree/diploma for which I register), without derogating from the generality of the preceding, include, but is not limited to, research, practical evaluations, laboratory experiments, exposure to chemicals, germs, unsterilised needles, syringes and other medical equipment, travelling on and off campus, participating in tours and travelling during the course of tours (the "related activities"). I furthermore acknowledge that I am aware that there are known and unknown risks and dangers inherent in my participation in the degree/diploma and the related activities, including without limitation, exposure to hazardous substances, air pollution, fire, explosions, micro-organisms, diseases and infections:
- (I) I THEREFORE WAIVE ANY AND ALL RIGHTS, CLAIMS, DEMANDS AND CAUSES OF ACTION WHICH I MAY HAVE AGAINST THE UNIVERSITY, ITS EMPLOYEES, CONTRACTORS AND AGENTS ARISING FROM MY PARTICIPATION IN ANY VOLUNTARY ACTIVITY OR ACTION WHICH IS NOT A PREREQUISITE FOR MY STUDIES AND AND/OR FOR THE OBTAINING OF THE QUALIFICATION FOR WHICH I AM REGISTERED AT THE UNIVERSITY, INCLUDING WITHOUT LIMITATION, ANY CLAIM FOR DAMAGES TO MY PROPERTY OR PROPERTY IN MY POSSESSION OR UNDER MY CONTROL, AND/OR DAMAGES RESULTING FROM MY PERSONAL INJURY OR DEATH. IN THE CASE OF ANY DOUBT, I ACCEPT RESPONSIBILITY TO OBTAIN CONFIRMATION FROM THE RELEVANT LECTURER AS TO WHETHER OR NOT ANY ACTIVITY OR ACTION CONSTITUTES A PREREQUISITE FOR MY STUDIES AND/OR FOR THE OBTAINING OF THE QUALIFICATION FROM THE LECTURER AND IT SHOULD SUBSEQUENTLY TRANSPIRE THAT SUCH PARTICIPATION IN THE RELEVANT ACTIVITY OR ACTION DID NOT CONSTITUTE A PREREQUISITE FOR MY STUDIES AND/OR THE OBTAINING OF THE QUALIFICATION FOR WHICH I AM REGISTERED AT THE UNIVERSITY, IT WILL BE DEEMED THAT MY PARTICIPATION IN SUCH ACTIVITY OR ACTION WAS VOLUNTARY, NOTWITHSTANDING THE FACT THAT I WAS UNDER THE IMPRESSION THAT SUCH ACTIVITY OR ACTION WAS A PREREQUISITE FOR MY STUDIES AND/OR THE OBTAINING OF THE QUALIFICATION FOR WHICH I AM REGISTERED AT THE UNIVERSITY.
- (m) THAT I ACCORDINGLY INDEMNIFY THE UNIVERSITY, ITS EMPLOYEES, CONTRACTORS AND AGENTS AGAINST ANY AND ALL LIABILITY, LOSS, DAMAGES AND LEGAL COSTS WHICH THE UNIVERSITY, ITS EMPLOYEES, CONTRACTORS AND AGENTS MAY INCUR OR SUSTAIN AS A RESULT OF ANY CLAIMS, DEMANDS OR CAUSES OF ACTION WHICH ANY PERSON (INCLUDING WITHOUT LIMITATION, IF APPLICABLE, MY SPOUSE, CHILDREN OR DEPENDENTS) MAY HAVE OR PURPORT TO HAVE TO THE EXTENT THAT THE SAME HAVE ARISEN FROM OR HAVE OCCURRED DURING OR ARE IN ANY WAY RELATED TO MY PARTICIPATION IN ANY VOLUNTARY ACTIVITY OR ACTION WHICH IS NOT A PREREQUISITE FOR MY STUDIES AND/OR THE OBTAINING OF THE QUALIFICATION FOR WHICH I AM REGISTERED AT THE UNIVERSITY.
- (n) that I grant permission that the University of the Free State can enquire about and verify my qualifications already obtained.

I acknowledge that I have read this document, understand its contents and agree to its terms and conditions. I further acknowledge that I am signing this agreement freely and voluntarily

Signature of applicant:	
Date:	

DECLARATION BY PARENT/GUARDIAN WHERE THE APPLICANT IS A MINOR

I declare that I am aware that rules and regulations exist that have been promulgated by the Council of the University. I confirm that I am aware that the Council may promulgate further rules and regulations from time to time and I agree that my minor binds himself/herself to comply with such rules and regulations.

I hereby give my permission that my son/daughter may conclude or amend any agreement pertaining to loans and/or bursaries with the University.

I agree that notwithstanding the place where I sign this document, the agreement arising from this document shall be deemed to be concluded in Bloemfontein.

I hereby declare that I am the legal guardian of the above minor signatory, and that I hereby assist, approve, ratify and agree to the above minor signatory signing this document (Waiver of Liability, Indemnity and Declaration).

I HEREBY WAIVE ANY AND ALL RIGHTS, CLAIMS, DEMANDS AND CAUSES OF ACTION WHICH I MAY HAVE AGAINST THE UNIVERSITY, ITS EMPLOYEES, CONTRACTORS AND AGENTS ARISING FROM THE ABOVE MINOR SIGNATORY'S PARTICIPATION IN ANY VOLUNTARY ACTIVITY OR ACTION WHICH IS NOT A PREREQUISITE FOR HIS/HER STUDIES AND/OR THE OBTAINING OF THE QUALIFICATION FOR WHICH HE/SHE IS REGISTERED AT THE UNIVERSITY, INCLUDING WITHOUT LIMITATION, ANY CLAIM FOR DAMAGES TO MY PROPERTY OR ANY PROPERTY IN THE ABOVE MINOR SIGNATORY'S POSSESSION OR UNDER HIS/HER CONTROL, AND/OR DAMAGES RESULTING FROM HIS/HER PERSONAL INJURY OR DEATH.

I FURTHERMORE INDEMNIFY THE UNIVERSITY, ITS EMPLOYEES, CONTRACTORS AND AGENTS AGAINST ANY AND ALL LIABILITY, LOSS, DAMAGES AND LEGAL COSTS WHICH THE UNIVERSITY, ITS EMPLOYEES, CONTRACTORS AND AGENTS MAY INCUR OR SUSTAIN AS A RESULT OF ANY CLAIMS WHICH MAY BE INSTITUTED BY THE ABOVE MINOR SIGNATORY (AFTER REACHING THE AGE OF 18 YEARS OR WITH THE ASSISTANCE OF HIS/HER GUARDIAN, WHILE STILL A MINOR) TO THE EXTENT THAT THE SAME HAVE ARISEN FROM, HAVE OCCURRED DURING OR ARE IN ANY WAY RELATED TO HIS/HER PARTICIPATION IN ANY VOLUNTARY ACTIVITY OR ACTION WHICH IS NOT A PREREQUISITE FOR HIS/HER STUDIES AND/OR THE OBTAINING OF THE QUALIFICATION FOR WHICH HE/SHE IS REGISTERED AT THE UNIVERSITY.

I acknowledge that I have read this document, understand its contents and agree to its terms and conditions. I further acknowledge that I am signing this agreement voluntarily.

Full names and surname of parent/guardian:														
Identity number:														
Signature of parent/guardian/other:														
Date] -	N/I	M	_	V	V	V	V				_	

	OFFICE USE ONLY MISSING INFO	
Contact details of applicant	First choice	School-end certificate
Citizenship details	Activity 2014	Academic record
Languages	Signatures	Gr 11 final results
Emergency contact number	Identity document/passport (applicant/parent)	Postgraduate application
Tuition Support Centre	Proof of payment	Selection form
Person liable for fees	Declaration credit facility	
RECEIVED AND CHECKED:		
STAFF NO:		