

2015

SCHOOL OF OPEN LEARNING

Application for Admission – LLB VC.



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

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Kopiereg voorbehou

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



Application for Admission 2015

STUDENT NUMBER <input style="width: 90%;" type="text"/> (IF PREVIOUSLY REGISTERED) (If you are already in possession of a student number of the University of the Free State)	Mark with X Registering for both semesters mark both		
RECEIPT NUMBER <input style="width: 90%;" type="text"/> (OFFICE USE ONLY)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center; padding: 5px;"> First Semester <input type="radio"/> </td> <td style="width: 50%; text-align: center; padding: 5px;"> Second Semester <input type="radio"/> </td> </tr> </table>	First Semester <input type="radio"/>	Second Semester <input type="radio"/>
First Semester <input type="radio"/>	Second Semester <input type="radio"/>		

1. DETAILS OF APPLICANT (Complete in block letters and in black ink)

Title: **ID number if South African:**

First names:

Surname:

Marital Status:
 Single
 Widow or widower
 Living together
 Married
 Divorced
 Other

Gender:
 Male
 Female
 Date of Birth: - -

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2. CONTACT DETAILS

2.1 DETAILS OF APPLICANT

Telephone numbers: **(Home)** EXAMPLE: +27 51 401 9538

(Work)

Cellphone number: **NB: SMS messages will be sent to this number**

E-mail address:

NB: Acknowledgement of receipt and other communication will be sent to the above e-mail address.

Residential address:
No postal address must be indicated here: Physical residential address required

Postal code:

Postal address: (if different from residential address)
 Postal code:

Prefer communication via:
 E-mail
 SMS
 Post

2.2 DETAILS OF CITIZENSHIP (INTERNATIONAL APPLICANTS ONLY)

Country:

Citizenship:

ID number: (if applicable)

Passport number:

Passport issue date: - -

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Passport expiry date: - -

D D M M Y Y Y Y D D M M Y Y Y Y

Place of issue:

4.2 LANGUAGES (mark with an X where applicable)

4.3 TUITION SUPPORT CENTRE (Indicate choice with an X)

Home language:

- | | |
|-------------------------------------|---|
| <input type="checkbox"/> Afrikaans | <input type="checkbox"/> seSotho sa Leboa |
| <input type="checkbox"/> English | <input type="checkbox"/> Setswana |
| <input type="checkbox"/> isiNdebele | <input type="checkbox"/> siSwati |
| <input type="checkbox"/> isiXhosa | <input type="checkbox"/> Tsivenda |
| <input type="checkbox"/> isiZulu | <input type="checkbox"/> Xitsonga |
| <input type="checkbox"/> seSotho | <input type="checkbox"/> Other |

- | | |
|---|-----------------------------------|
| <input type="checkbox"/> Cape Town | <input type="checkbox"/> Sandton |
| <input type="checkbox"/> Durban North | <input type="checkbox"/> Midrand |
| <input type="checkbox"/> Westville | <input type="checkbox"/> Pretoria |
| <input type="checkbox"/> Pietermaritzburg | <input type="checkbox"/> |

5. ACADEMIC DETAILS:

5.1 Level of study:
(Indicate choice of application with an X)

Undergraduate (first qualification)

5.2 TYPE OF STUDY

Full-time

6. WHAT DID YOU DO IN 2014? (Indicate choice with an X)

- | | | |
|---|---|-------------------------------------|
| <input type="checkbox"/> Post-school College | <input type="checkbox"/> Working (employed) | <input type="checkbox"/> University |
| <input type="checkbox"/> University of Technology (Technikon) | <input type="checkbox"/> Learner | <input type="checkbox"/> Unemployed |
| <input type="checkbox"/> Other | <input type="checkbox"/> Gap year | |

7.1 ALUMNI

Please indicate whether you or your immediate family are alumni:

7.2 DONOR

Please indicate whether you or your immediate family are donors:

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.



11 ONE (1) CERTIFIED COPY of each of the following documents must be attached, and two (2) in the event of selection programmes (such documents become the property of the University of the Free State and will not be returned):

<input type="checkbox"/> Identity document/passport (student/parent)	<input type="checkbox"/> Gr 11 final exam results (undergraduate only)
<input type="checkbox"/> Identity document/passport (parent/guardian/other)	<input type="checkbox"/> Original proof of payment of application fee
<input type="checkbox"/> School-leaving certificate	<input type="checkbox"/> Academic record, including proof that the Certificate of Conduct has been requested from the previous University/University of Technology/Technikon if you were previously registered at another institution.

12.1 ARE YOU THE FIRST PERSON IN YOUR FAMILY TO ATTEND UNIVERSITY? Yes

12.2 PLEASE LIST THE ADULTS (18 YEARS 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 INCOME (EARNINGS BEFORE TAX AND OTHER DEDUCTIONS)

MONTHLY	ANNUALLY	
No Income	No Income	<input type="checkbox"/>
R1-R1,1600	R1-R19,200	<input type="checkbox"/>
R1,601-R12,800	R19,201-R153,600	<input type="checkbox"/>
R12,801-R51,200	R153,600-R614,400	<input type="checkbox"/>
R51,201 and more	R614,401 and more	<input type="checkbox"/>



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;
- (l) **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 FOR WHICH I AM REGISTERED AT THE UNIVERSITY. SHOULD I FAIL TO OBTAIN THE RELEVANT CONFIRMATION 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:

		-			-				
D	D		M	M		Y	Y	Y	Y



**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:

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