



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

Student number:

Full name and surname:

**FACULTY OF HEALTH SCIENCES
SCHOOL OF MEDICINE / SCHOOL FOR ALLIED HEALTH PROFESSIONS**

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 Kovies? 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: