

Application for Admission to Undergraduate Study

ONLY FOR USE BY CURRENTLY REGISTERED STUDENTS OF THE UNIVERSITY OF KWAZULU-NATAL WHO WISH TO STUDY FOR A NEW UNDERGRADUATE DEGREE/DIPLOMA OR UNDERGRADUATE MODULES FOR NON-DEGREE PURPOSES.

CLOSING DATES FOR SEMESTER 1: 30 SEPT OF PREVIOUS YEAR AND SEMESTER 2: 30 APRIL OF CURRENT YEAR

NOTE: IN EXCEPTIONAL CIRCUMSTANCES ONLY A STUDENT MAY BE PERMITTED TO CHANGE CAMPUSES FOR THE SAME QUALIFICATION. A STUDENT WHO WISHES TO REQUEST THIS MUST FIRST CONTACT THE COLLEGE OFFICE.

STUDENT NO: _____ **IDENTITY NO:** _____

TITLE: _____ **SURNAME:** _____ **FIRST NAMES:** _____

ADDRESSES

Postal: _____ **Term** _____

_____ **Code:** _____ _____ **Code:** _____

Tel no: _____ **Cell No:** _____ **E-mail:** _____

PRESENT DEGREE/DIPLOMA/NON-DEGREE REGISTRATION

Name of Degree/Diploma/Non Degree: _____ **Academic Year:** _____ **Full/Part time:** _____

Campus (Dbn/Pmb): _____ **Major Subjects:** _____

Are you anticipating completing this degree this year? _____

PROPOSED DEGREE/DIPLOMA

Year of Entry: 20 _____ **Entry Term e.g. Semester1, Semester 2:** _____

1st CHOICE

Campus: _____ **Name of Degree/Diploma:** _____ **School:** _____

Level of study: _____ **Full/Part time:** _____ **Programme:** _____

2nd CHOICE (Optional):

Campus: _____ **Name of Degree/Diploma:** _____ **School:** _____

Level of study: _____ **Full/Part time:** _____ **Programme:** _____

MOTIVATION:

RESIDENCE:

Will University Residence be required? Yes/No:

IF UNIVERSITY RESIDENCE IS REQUIRED A SEPARATE APPLICATION FOR ADMISSION TO RESIDENCE MUST BE COMPLETED. THIS FORM IS AVAILABLE FROM THE STUDENT HOUSING/RESIDENCE OFFICE.

FINANCIAL ASSISTANCE:

Are you in receipt of assistance from Financial Assistance Service this year? Yes/No:

RETURNING STUDENTS MUST APPLY FOR FUNDING FROM THE FINANCIAL ASSISTANCE SERVICE BY 31 AUGUST of the year before entry.

DECLARATION BY THE APPLICANT

I hereby declare that the information supplied is true and accurate. **Date:**..... **Signature:**.....

COMMENTS/DECISIONS:

1st CHOICE: recommendation _____

Programme Director Signature:..... Date:.....

Head of School Signature:..... Date:

Dean Signature:..... Date:.....

2nd CHOICE: recommendation _____

Programme Director Signature:..... Date:.....

Head of School Signature:..... Date:

Dean Signature:..... Date:.....