

UNIVERSITY OF KWAZULU-NATAL

This form is to be return to the University at any of the following campuses
Edgewood, Private Bag X03, Ashwood 3605. Howard College, Durban 4041.
Medical School Private Bag 7, Congella 4013. Pietermartizburg, Private Bag X01, Scottsville 3209
Westville, Private Bag x54001, Durban 4000

FIRM ACCEPTANCE OF OFFER – POSTGRADUATE (SOUTH AFRICAN)

Surname:..... Student No.:.....

First Name:.....

Degree/Diploma:.....

Campus:..... ID no.:.....

Address:.....

I, (full names), Identity Number accept the offer of a place for a degree/diploma course on the clear understanding that I **have not** been granted Financial Aid by the University of KwaZulu-Natal and **acknowledge that my acceptance of offer does not in any way oblige the University to provide me with such financial assistance during my course of studies. I undertake to bind myself to the University of KwaZulu-Natal and agree to pay the University of KwaZulu-Natal, in full, all fees and other charges due and payable by me in terms of the applicable annual schedule of fees as described in the Student Fees booklet and any other miscellaneous charges.** I further agree that I am bound by the terms and conditions contained in the **Student Fees** booklet, as updated annually and with, which I shall familiarize myself.

I understand and accept that unless the offer of a place in residence has been made to me, the University is **not** obliged to provide me with residence accommodation.

I understand and accept that I **will not** be permitted to register, or remain a registered student, if I should default on the payment of any funds due to the University of KwaZulu-Natal. **Interest as prescribed by the National Credit Act of 2005 (currently 2% per month) will be charged on all outstanding Amounts.** I further understand and accept that my registration as a student is governed by the applicable legislation, and University Rules and Regulations as amended from time to time.

I enclose the Completed Consent and Indemnity form.

Signature of Applicant: **Date:**
Address: Which above address shall be my *domicilium citandi et executandi* which address I may change provided written notice is given and which will only take effect upon receipt of such notice by the Registrar via the College.

NON ACCEPTANCE OF OFFER

Student No:

Surname: First Name:

I DO NOT accept the offer of a place in **Degree/Diploma**

Please indicate with an "X" in the appropriate block your reason for not accepting the offer of a place at this University in 2018:

- | | | | |
|----------------------------|--------------------------------------|----------------------------|--|
| 1 <input type="checkbox"/> | Financial | 5 <input type="checkbox"/> | Cannot obtain Residence Accommodation |
| 2 <input type="checkbox"/> | Attending another institution | 6 <input type="checkbox"/> | Other (Please specify) |
| 3 <input type="checkbox"/> | Personal | 7 <input type="checkbox"/> | No reason |
| 4 <input type="checkbox"/> | Accepted other UKZN choice | | |

Signature of Applicant: Date:

SCHEDULE OF FEES PAYABLE ON ACCEPTANCE OF OFFERS

CATEGORIES OF STUDENTS	TYPE OF ACCEPTANCE DEPOSIT REQUIRED
Postgraduate	No acceptance of fee required.