

Please attach a recent passport size photograph of yourself

Application for:

Short Programme

Prog. 1. Name:

Prog. 2. Name:

Nelson Mandela Metropolitan University: 20....

SURNAME

INITIALS

STUDENT NUMBER

For office use

PO Box 77000 • NMMU • Port Elizabeth • 6031 • South Africa

Tel: 041 504 2161 / Fax: 041 504 2771

Web: www.nmmu.ac.za/international / Email: international@nmmu.ac.za

INSTRUCTIONS:

Use block letters to complete this form or place an X in the correct square. Please use a black pen. Kindly complete the form in FULL and answer all the questions. Incomplete applications will not be processed. If all the required documents are not included, the application form will be returned to you.

CHECKLIST FOR APPLICANTS:
(Please attach)

- Copy of Passport
- Application fee (where applicable)
- JPG Head & Shoulder photo

SECTION A: PERSONAL DETAILS

Title: Initials: Last name:

First names in full:

Maiden Name (if applicable):

Date of birth: Nationality:.....

Home Language: T Shirt size:

Passport Number: Expiry date:.....

Marital Status:	<input type="checkbox"/>	Single	Gender:	<input type="checkbox"/>	Male
	<input type="checkbox"/>	Divorced		<input type="checkbox"/>	Female
	<input type="checkbox"/>	Widowed			
	<input type="checkbox"/>	Married			

Are you at present:

A University Student	<input type="checkbox"/>	Employed	<input type="checkbox"/>
A Teacher's College Student	<input type="checkbox"/>	Other	<input type="checkbox"/>
A College of Nursing Student	<input type="checkbox"/>	If other, please specify	

Name of University/Institution:

Degree/Major:

Academic Year level:

Postal / Home / Residential Address:
(please do not indicate your school
address here)

.....
.....
.....
..... Postal Code:

Telephone Number:

Code:Number:.....

Fax Number:

Cell Phone Number:.....

Email Address:

Next of kin Address (e.g. parents, spouse)

Please specify:

Title Initials Surname

.....

Address:

.....

.....

.....Postal Code

Telephone Number:

Code: Number

Work Tel. Number:.....

Cell Phone Number:

SECTION B: DISABILITIES

Disabilities:

Do you have any disabilities?

Yes

No

If yes, please indicate

Sight

Emotional

Hearing (even with hearing aid)

Physical

(moving, standing)

Communication (talking, listening)

Please provide more details regarding your disability (e.g. partially sighted, have to use a
wheelchair, etc.)

.....
.....

SPECIAL DIETARY REQUIREMENTS

Please specify:

.....
.....

INTERNATIONAL HEALTH INSURANCE

Name of Health Insurance provider:
.....
Option:.....
Membership no:.....
Date of membership: From:..... End date:.....
24 Hour telephone number for claims or emergencies:
Code: Number

SECTION C: DECLARATION BY OVERSEAS INSTITUTION

Title:
First Name:
Last Name:
Official Designation:
Name of Institution:
I hereby declare that(name of applicant) is a legally registered student of (said Institution) and is recommended for the programme that the application is submitted for.
I also declare that the said student's conduct was satisfactory for the past year of study.
This student is in good stead with the Institution.

SECTION D: DECLARATION BY APPLICANT

Continued/.....

SECTION D: DECLARATION BY APPLICANT

If I am admitted as a student to the university, I undertake to:

1. Perform such work as may be assigned to me by members of staff and to conform to all the rules and regulations laid down by the university.
2. Acquaint myself with all the rules, regulations and instructions applicable to the qualification for which I enrol; I have also acquainted myself with the fees payable as stipulated by the university.
3. I acknowledge that the rules and regulations and instructions referred to in 1 and 2 above are subject to amendment without further notice.
4. I undertake to immediately notify the Study Abroad Coordinator in writing if I change or cancel my registration. I further undertake, if applicable to me, to immediately notify my legal guardian and/or the person who assumes liability for payment of the fees owing by me if I change or cancel my registration and to provide the said person with all accounts received from the university. I further acknowledge that such cancellation is not valid unless given in writing.
5. I am aware that my registration is valid only if it complies with the regulations of the qualification concerned, notwithstanding the acceptance of this registration by the university.
6. The fees and conditions shall be determined by the Council and are subject to amendment without prior notice. I undertake to pay all fees prescribed by the university in respect of any module/qualification for which I register, by the due date as well as all other fees, which may be owing by me to the university. I further note and accept liability for payment of interest as stipulated by the university from time to time in the event of my failing to pay fees for which I am liable by the prescribed date. In the event of the university successfully instituting legal action against me for the recovery of any amounts owing, due and payable or the enforcement of any legal rights to the university, I shall be liable to pay all legal costs incurred on an attorney and client scale, including collection commission and interest. I agree that the university may provide me with statements of account and any other communiques by way of electronic communication through data messages. These data messages may be sent to the cellular number provided by me. I am also prepared to accept such messages at my NMMU student e-mail address or at an alternative e-mail address nominated by myself in writing.
7. I accept that my examination results, certificate/diploma/degree and study record may be withheld under the following circumstances:
 - 7.1 In the event of my student account being in arrears or
 - 7.2 In the event of any disciplinary matter pending against me
8. I understand that if after registration it is found that my tuition fees or residence account or any other monies including the cost for the replacement of library materials owing to the university have not been paid by the prescribed date, my registration may be cancelled. Failure to pay residence fees by the date stipulated by the university may result in my eviction from the residences.
9. I will immediately notify the Short Programme Coordinator, in writing, if I change my address.

10. Should I, during the course of my studies at the university, sustain any injuries or contract any illness or suffer loss or damages, I hereby undertake not to institute any claim against the university on account thereof, irrespective of the cause of such damages or loss. In the event of my death during the course of my studies, this undertaking shall be binding of the executor of my estate and my heirs and successors-in-title. Under the circumstances referred to, I or my executor, administrator, heirs and successors-in-title (in the event of my death) hereby indemnify the university in respect of any damages suffered by me from any of the causes referred to above.

11. I understand and accept that any work produced by me during my studies or research at the university which may be the object of an intellectual property right, as well as any data or information collected or obtained by me, shall remain the property of the university, and I undertake not to alienate, transfer or make known such to any other party without the written permission of the university.

12. I have no objection to my name being given to another educational institution, which will enable me to upgrade my educational qualifications should my application not be accepted.

13. I understand that the university may by law be required to disclose information about or relating to myself and my studies which is on record at the university, to a third party requesting access to such information. I specifically authorize the university to supply information relating to my studies and conduct while at the university, to my parents/legal guardians (applies only to minors), to potential employers and to sponsors of my studies, including my parents/legal guardians and my employer.

14. Upon registration I accept responsibility for ensuring that I am registered for the correct programme.

15. I undertake, that should I be admitted to accredited accommodation, the university may assume that I have constructive knowledge of all present and future policies and rules relating to accredited accommodation.

16. The university uses a digital document management system to store and retrieve information. All student records and other correspondence will therefore be converted to a data format and originals may be destroyed after a period of time.

17. The information furnished by me herein is to the best of my knowledge true, correct, and complete.

18. An applicant who submits any document in support of this application, which contains a false statement, is altered or forged, will be prosecuted both criminally as well as in terms of the Student Disciplinary Code. The findings of the Disciplinary Committee will be communicated to all other tertiary institutions in the country.

Signature of applicant _____ Date _____