

GRADUATE SCHOLARS APPLICATION FORM

This is a fillable PDF

Firstly you will need to save this PDF to your desktop and open it with the latest version of Adobe Acrobat Reader in order to save your information.

Older versions of Acrobat Reader will not allow you to save the data you input.

Download Acrobat Reader here: <https://get.adobe.com/reader/>

Year:

Surname:

Initials:

FOR OFFICE USE ONLY:

STUDENT NUMBER:



IMPORTANT:

An image uploaded to the placeholder above can only be accepted in PDF format using the free Adobe Reader, please convert your ID Photo to PDF before attempting to add it.

Use this free online tool to convert a JPG:
<http://smallpdf.com/jpg-to-pdf>

Using Internet Explorer has been know to cause issues, please try using an alternative browser.

Once you have followed the prompts to convert and download your ID Photo in PDF format click the placeholder above to upload the PDF.

INSTRUCTIONS:

- This is a fillable PDF form - Please ensure you complete the form in FULL answering all the questions.
- Incomplete applications will not be processed.
- If all the required documents are not accompanied with your application, the application form will be returned to you.
- If you prefer to print it out and manually fill it in, please use a BLACK PEN and BLOCK letters to complete this form or place an X in the correct square.

CHECKLIST FOR ACCOMPANYING DOCUMENTS:

- Copy of Passport
- Copy of Academic Transcript
- Proof of Application fee payment

SECTION A: PERSONAL DETAILS

Title: Initials: Last name:

First Names (in full):

Maiden Name (if applicable):

Date of birth: DD / MM / YYYY Nationality:

Gender: Male Female

Home Language:

Passport Number: Expiry date: MM / YYYY

Marital Status: Single Married Divorced Widowed

PERSONAL ADDRESS: (please do not indicate your school address here)

Postal Home Residential

No: Street / Building:

Suburb: Town / City:

Country: Postal Code:

Telephone Number: () Cell Number:

Email Address:

Please **SAVE** your PDF before proceeding, we wouldn't want you to lose your data

NEXT OF KIN ADDRESS: (e.g. parents, spouse)

Title: Initials: Last name:

First Names (in full):

No: Street / Building:

Suburb: Town / City:

Country: Postal Code:

Telephone Number: () Cell Number:

Work Telephone Number: () Other:

Email Address:

SECTION B: ACADEMICS

DURATION OF YOUR STUDIES AT NELSON MANDELA UNIVERSITY

Arriving: DD / MM / YYYY

Departing: DD / MM / YYYY

PRESENT ACADEMIC POSITION

A University Student Employed A Teacher's College Student

A College of Nursing Student Other (specify):

Name of University/Institution:

Degree/Major:

Academic Year Level:

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HEALTH / MEDICAL CONSIDERATIONS

Do you have any disabilities? Yes No

If yes, please specify:

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.)

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 Study Abroad programme that this 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.

Signature:

(Institution Representative)

Date: DD / MM / YYYY

Please take the time to setup your digital signature with the prompts to supply all the correct information.

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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 Nelson Mandela University student e-mail address or at an alternative e-mail address nominated by myself in writing.
7. 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 Study Abroad 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 modules; that I have no examination or lecture timetable clashes; and that I have made provision for adequate modules and credits for the qualification I wish to obtain.
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:

Date: DD / MM / YYYY

Please take the time to setup your digital signature with the prompts to supply all the correct information.

Once you have completed your application form and setup and applied your digital signature, please email it along with all the other required documents to: studyabroad@mandela.ac.za