



**Home Language** (Please tick ✓)

|                        |  |         |  |            |  |          |  |           |  |
|------------------------|--|---------|--|------------|--|----------|--|-----------|--|
| Afrikaans              |  | German  |  | Portuguese |  | Setswana |  | Isizulu   |  |
| English                |  | Greek   |  | Sepedi     |  | Siswati  |  | Tshivenda |  |
| Chinese                |  | Ndebele |  | SeSotho    |  | Sixhosa  |  | Xitsonga  |  |
| French                 |  | Italian |  |            |  |          |  |           |  |
| Other (Please specify) |  |         |  |            |  |          |  |           |  |

In order for the University to provide necessary services, we need you to indicate your disability status at the time of your application. If you do not, the University cannot undertake to provide such assistance. Every reasonable attempt will be made to provide you with the assistance you may need as a result of your disability.

**Disability/ Special needs**

(Please tick ✓)

|                   |  |                                   |  |                   |  |                        |
|-------------------|--|-----------------------------------|--|-------------------|--|------------------------|
| Blindness         |  | ADD/ADHD (chronic)                |  | Cerebral palsy    |  | Other (Please specify) |
| Deafness          |  | Learning disability e.g. Dyslexia |  | Impaired mobility |  |                        |
| Partial hearing   |  | Speech                            |  | Paraplegic        |  |                        |
| Partially sighted |  |                                   |  | Quadriplegic      |  |                        |

**PREVIOUS ACTIVITIES**

What has been your **MAIN ACTIVITY** in the previous year? (e.g. working/student/school). (Please tick ✓)

|                   |  |                |  |               |  |                   |  |   |  |
|-------------------|--|----------------|--|---------------|--|-------------------|--|---|--|
| <b>University</b> |  | <b>College</b> |  | <b>School</b> |  | <b>Employment</b> |  | <b>Gap Year</b> (maximum one year after matric) |  |
|-------------------|--|----------------|--|---------------|--|-------------------|--|---|--|

**Sports Involvement:** (please state in which sports you have participated if any and at what level)

|    | Sport | Level (School, Club, Junior / Senior Provincial; Junior / Senior National) |
|----|-------|--|
| 1. |       |  |
| 2. |       |  |

**CONTACT DETAILS (ALL DETAILS MUST BE COMPLETED)**

**APPLICANT'S PERSONAL DETAILS**

|                         |                        |  |  |                    |                    |  |  |  |  |  |
|-------------------------|------------------------|--|--|--------------------|--------------------|--|--|--|--|--|
| <b>Physical Address</b> |                        |  |  |                    |                    |  |  |  |  |  |
| <b>City:</b>            |                        |  |  |                    | <b>Province</b>    |  |  |  |  |  |
| <b>Country</b>          |                        |  |  | <b>Postal code</b> |                    |  |  |  |  |  |
| <b>Postal Address</b>   |                        |  |  |                    |                    |  |  |  |  |  |
| <b>City</b>             |                        |  |  |                    | <b>Province</b>    |  |  |  |  |  |
| <b>Country</b>          |                        |  |  | <b>Postal code</b> |                    |  |  |  |  |  |
| <b>Contact Numbers</b>  | <b>Home number</b>     |  |  |                    | <b>Cell number</b> |  |  |  |  |  |
|                         | <b>Business number</b> |  |  |                    | <b>Fax</b>         |  |  |  |  |  |
|                         | <b>Email</b>           |  |  |                    |                    |  |  |  |  |  |
|                         |                        |  |  |                    |                    |  |  |  |  |  |

**NEXT-OF-KIN DETAILS**

|                                    |                                |                 |                    |
|------------------------------------|--------------------------------|-----------------|--------------------|
| <b>Relationship</b>                | <b>Mother</b>                  | <b>Father</b>   | <b>Other</b>       |
| <b>Next-of-kin Surname</b>         | <b>Next-of- kin First name</b> |                 |                    |
| <b>Next-of-kin Initials</b>        | <b>Next-of-kin Title</b>       |                 |                    |
| <b>Next-of-kin ID no.</b>          |                                |                 |                    |
| <b>Next-of-kin Postal Address</b>  |                                |                 |                    |
| <b>City</b>                        |                                | <b>Province</b> |                    |
| <b>Country</b>                     |                                |                 | <b>Postal code</b> |
| <b>Next-of-kin Contact numbers</b> | <b>Home number</b>             |                 | <b>Cell number</b> |
|                                    | <b>Business number</b>         |                 | <b>Fax</b>         |
|                                    | <b>Email</b>                   |                 |                    |
|                                    |                                |                 |                    |

**CONTACT DETAILS (ALL DETAILS MUST BE COMPLETED)****DETAILS OF PERSON LIABLE FOR SETTLEMENT OF FEES**

|                 |                 |             |             |
|-----------------|-----------------|-------------|-------------|
| Surname         |                 | First name  |             |
| Initials        |                 | Title       |             |
| ID no.          |                 |             |             |
| Postal Address  |                 |             |             |
| City            |                 | Province    |             |
| Country         |                 | Postal code |             |
| Contact numbers | Home number     |             | Cell number |
|                 |                 |             |             |
|                 | Business number |             | Fax         |
|                 |                 |             |             |
|                 | Email           |             |             |

**ACADEMIC QUALIFICATIONS**

Academic history (begin with most recent qualification)

| Degree / Diploma | Full-time | Part-time | Dates of Registration |    | Dates of Graduation | Student Number | Institution | If foreign institution provide address and country |
|------------------|-----------|-----------|-----------------------|----|---------------------|----------------|-------------|--|
|                  |           |           | From                  | To |                     |                |             |  |
|                  |           |           |                       |    |                     |                |             |  |
|                  |           |           |                       |    |                     |                |             |  |
|                  |           |           |                       |    |                     |                |             |  |

Membership of professional bodies (attach separate sheet if necessary)

| Name of professional body | Name of qualification / title | Date awarded (YY/MM/DD) |
|---------------------------|-------------------------------|-------------------------|
|                           |                               |                         |
|                           |                               |                         |

**EMPLOYMENT DETAILS**

Please provide details: (attach separate sheet if necessary)

Are you currently employed?

Yes  No How many years of full-time employment will you have completed by the end of this year? 

| NAME OF COMPANY / EMPLOYER<br>(please provide details of different positions with the same employer) | JOB TITLE | PERIOD EMPLOYED (YY/MM/DD) |    |
|--|-----------|----------------------------|----|
|  |           | From                       | To |
|  |           |                            |    |
|  |           |                            |    |

**CHOICE OF UNIT(S)**

NB: Department must approve before submitting the application form

| UNIT (SUBJECT / COURSE NAME) | COURSE CODE |
|------------------------------|-------------|
| 1.                           |             |
| 2.                           |             |
| 3.                           |             |
| 4.                           |             |

PURPOSE OF STUDY: \_\_\_\_\_

Departmental approval for unit choice: (Signature) \_\_\_\_\_

# INDEMNITY AND UNDERTAKING

Applicants under the age of 18 years old must be assisted by their parent or guardian (must be the same person listed under next-of-kin on page 2).

## LEGAL DECLARATION OF INDEMNITY AND UNDERTAKING

### I, THE APPLICANT, AND I, THE PARENT/GUARDIAN/NEXT-OF-KIN OF THE APPLICANT –

- (1) Acknowledge that the University does not accept responsibility for damage or loss in respect of property of the applicant or in respect of property brought onto University premises by the applicant.
- (2) Do hereby indemnify the University in respect of any damage caused by the applicant to University property or to the property of third parties, whether on or off the University premises, as a result of the applicant's actions either whilst on the University premises or whilst engaged in any activity related to the University.
- (3) Undertake, during the orientation period and for any period during which I am a registered student, to be bound by the rules and regulations of the University for the time being in force, including the rules and regulations of any University residence, club or society to which I may be admitted or become a member and by any requirements or conditions imposed by the University on me as a prerequisite to my registration as a student of the University in any faculty.
- (4) Certify that the information provided in this form and all supporting documentation is accurate and acknowledge that furnishing any false information may result in disciplinary proceedings being taken against the applicant.
- (5) Declare that I have furnished the University with all the information necessary to make an informed decision about my admission.
- (6) Undertake to pay unconditionally all fees, charges and equipment surcharges payable to the University as they fall due for payment, for any period for which I am or may become a registered student or the applicant is or may become a registered student of the University.
- (7) Consent to my examination results being made available to the relevant bursary donor(s) and /or lenders.

**ALL APPLICANTS MUST SIGN BELOW** – Thank you

Signature of applicant:.....Date:.....

AND, if the applicant is under the age of 18 years, assisted by (full name of parent or legal guardian or next-of-kin) :

.....  
First name Last name / surname

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

### PERSON LIABLE FOR SETTLEMENT OF FEES

I undertake to settle all tuition and miscellaneous fees due to the University by due date. I may make suitable arrangements to settle the outstanding charges as per the University's Credit Policy as stipulated by the National Credit Regulator. If I do not settle by due date, I will pay the interest at the rates as prescribed by the University. I also consent to the University imposing credit control restrictions if the debt is not settled.

Full name:.....

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

**NB: INTERNATIONAL STUDENTS: ALL FEES ARE DUE AND MUST BE PAID IN FULL ON OR BEFORE REGISTRATION**

### BEFORE YOU SUBMIT YOUR APPLICATION PLEASE NOTE:

**Please ensure you have signed the indemnity above**

This form must be accompanied by:

- Proof of payment
- Original ID documents
- Original full academic transcript and code of conduct
- Original matric certificate
- Original foreign school certificate if applicable
- Original marriage certificate if name has changed

### Methods of payment

1. Via Internet transfer, or
2. Direct payment into: **Standard Bank, Branch: Braamfontein (code: 004 805), Account Name: Wits University - Application Fees, CI Number: 074A, Account Number: 200 346 385.**

**PLEASE ATTACH A COPY OF THE DEPOSIT SLIP OR PROOF OF INTERNET TRANSFER.**

**We do not accept cheque or cash payments.**

### PAYMENT INFORMATION (FOR OFFICE USE ONLY)

|    |    |    |    |     |
|----|----|----|----|-----|
| ME | BQ | FA | AT | RES |
|----|----|----|----|-----|

|      |                    |       |             |          |
|------|--------------------|-------|-------------|----------|
| CASH | CHEQUE/ BANK DRAFT | OTHER | CREDIT CARD | BANKSLIP |
|      |                    |       |             |          |

Received by: \_\_\_\_\_ Date: \_\_\_\_\_  
Processed by: \_\_\_\_\_ Date: \_\_\_\_\_