

APPLICATION FOR POSTGRADUATE ADMISSION / FURTHER STUDY

Please read the brochure *General Information for Postgraduate Applicants* before completing this application form. Incomplete or incorrect information will delay consideration of your application. Form/s must be returned, with the appropriate documentation, to the Faculty Office.

A non-refundable application fee of R300 is payable by international applicants.

Please complete all forms in black ink



PART 1 – General information

When do you wish to commence study? Year

First term Second term

1. Application and/or registration information

Have you ever applied to and/or been registered at this University before?

Yes No

If **yes**, please give your application/student number.

Student number

Are you a current or past Wits staff member? If **yes**, please give staff number.

Staff number

2. Name

Surname

First name/s

Title (eg Mr, Ms) Date of birth Year Month Day

Change of name, if applicable. (If degree certificate/s, etc, were issued in previous name, a certified copy of the appropriate legal document/s is required.)

i) Previous surname/first name/s

ii) Reason for and date of name change

3. Personal details

Codes are required in addition to written answers: please see General Information brochure.

Home language code

Sex M F

Do you have South African/dual citizenship? Yes No

RSA identity number

If **no**, state nationality code

or passport number/other

Do you have any disabilities? Yes No If **yes**, please specify nature of disability code

What has been your main activity in the past year (eg working, student)? code

4. Addresses

Please include postal code with all addresses.

Postal address Cellular phone

Postal code Telephone

Home/Residential address Fax

Postal code

Business address of parent, guardian or next-of-kin Telephone

Postal code Fax

Applicant's business address (if applicable)

Postal code E-mail address (applicant)

5. Choice of degree or diploma

Codes are required in addition to written answers: please see General Information brochure.

First choice code Full-time (F/T) Office use only Y.O.S.

Second choice (optional) code or

Third choice (optional) code Part-time (P/T)

6. Proposed curriculum

(Only for coursework masters degrees and related degrees/diplomas, eg LLB, Honours, GDE. **Not** for use by Management applicants or Education diploma or BEdHons applicants.)

Course number	Name of course/subject (Honours candidates must indicate intended course)	<i>(Complete only if applicable, viz for Engineering)</i>		
		Level	Points	Pre-requisite

7. Parent / guardian / next-of-kin

Codes are required in addition to written answers.

Relationship code Title Initials Surname

8. Permanent residence details

OR

Study permit details

*This section applicable **only** to non-SA citizens*

Have you applied for permanent residence? (Y/N)
 If **yes**, has it been granted? (Y/N)
 If granted, state either RSA ID number or permit number
 Date granted Year Month Day

Have you applied for a study permit? (Y/N)
 If **yes**, has it been granted? (Y/N)
 Valid from: to

9. Tertiary education

Codes are required in addition to written answers. See note re academic transcript in the General Information brochure.

A. Summary (Please give details of past and current attendance at a university or other tertiary education institution eg 2001 to 2002.)

Degree(s) / Diploma(s)	F/T or P/T	Years registered for each qualification	Name of institution	Code *	Date of graduation	
					Year	Month
		to				

* No code required for Wits students/graduates

B. Current registration (where applicable)

Name of institution code
 Degree/diploma Department (if applicable)
 Current year of study (eg 3rd) Full-time or part-time (F/T or P/T)

Please do not forget to sign Part 4.

PART 2 — Information required by the Faculty

10. Applicants for research masters and PhD degrees ONLY

Please complete Section 10 A, B and C.
Attach a continuation sheet if necessary.

A. School in which you wish to conduct your research

Proposed date of commencement of studies (tick appropriate box) 1st term (January) 2nd term (July) Year

B. Proposed field of research

Proposed title of research

C. Proposed supervisor/s

Address of supervisor, if outside the University

Name of member of staff consulted on proposed research project

11. Professional qualifications (such as membership of professional institutions)

Name of qualification	Awarded by	Date awarded
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

12. References

Name <input type="text"/>	Tel no. <input type="text"/>
Name <input type="text"/>	Tel no. <input type="text"/>

NOTE: If you wish to apply for residential accommodation on campus, you must complete a *Residence Application form*, available from your faculty office. The closing date for residence applications is 30 September.

Office use only

1. Checklist of documentation required by the Faculty Office

	Project proposal	Referees reports if applicable	Degree certificate/s	Academic record	Admission to status	Study Permit	International Office clearance	Fees clearance
Foreign graduates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SA graduates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wits graduates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Recommendation (*confidential*). Please return to Faculty Office

Graduate Studies Co-ordinator for the School of

- I agree to the admission of the applicant who will be associated principally with my School.
- I certify that the subject of the research is not sensitive or confidential (in terms of the University's 'Policy on matters relating to sensitive and confidential research').
- I nominate as supervisor/s

- I wish the following special conditions to apply to the candidate (eg pre-requisite courses, admission to degree/diploma other than that applied for)

Signature (Head of School or designate) Date

Recommendation (for signature by relevant head of postgraduate affairs in the faculty)

Remarks

Signature Date

PART 3 – If you are required to complete this Part, please ensure that you attach it to this form.

PART 4 – Indemnity and undertaking

TO BE COMPLETED BY ALL APPLICANTS.

Applicants under the age of 21 years old must be assisted by their parent or guardian*.

Legal declaration of indemnity and undertaking

I the applicant, and I the parent/guardian/next-of-kin of the applicant (*delete if not applicable*) –

- (i) 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 on to University premises by the applicant.
- (ii) 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.
- (iii) 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.
- (iv) Certify that the information provided in this form and all supporting documentation is accurate and complete and acknowledge that any false information may result in disciplinary proceedings being taken against the applicant.
- (v) 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.
(Delete whichever is not applicable.)

ALL applicants must sign below

Signature of applicant _____ Date _____

AND (if the applicant is under the age of 21 years) assisted by

Full names of parent or legal guardian or next-of-kin*

If a legal guardian, please state how appointed

Relationship to applicant

Address

Telephone

Signature of parent/legal guardian/next-of-kin* _____ Date _____

If you will only be able to pay your University fees if you are awarded a bursary/financial aid package, please give the name/s of the organisation/s to which you have applied:

* **Note:** An applicant under the age of 21 must have this form signed by either of his or her parents. Where an applicant has no parents (eg they are deceased) or the parents are divorced, a legal guardian is normally officially appointed: in such cases the legal guardian must sign this form. If you do not have a parent or legal guardian, a responsible adult family member (next-of-kin) or other responsible adult who is prepared to make the declaration and the undertaking, must sign with you.