



**APPLICATION FOR ADMISSION
INTERNATIONAL APPLICANTS**

**Postgraduate 2023 (Masters & Phd)**

**This is an APPLICATION to study at the University of Fort Hare in 2023**

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| **CLOSING DATE FOR ALL INTERNATIONAL APPLICANTS: FRIDAY, 30 SEPTEMBER 2022** |

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| **TAKE NOTE** | **ALL INCOMPLETE APPLICATION FORMS WILL NOT BE PROCESSED AND THE APPLICANT’S ADMISSION TO ACADEMIC PROGRAMMES AS WELL AS PLACEMENT IN A RESIDENCE WHERE APPLICABLE COULD BE DELAYED****Email your application with all the required documents to: applicationsINT@ufh.ac.za** |
| **STUDENT NO:** |  |

|  |  |
| --- | --- |
| **APPLICATION FEES:** | Non-refundable application fee of R500-00 closing Friday, 30 September 2022 **No late applications will be accepted.** |

**BANKING DETAILS**PLEASE ATTACH THE ORIGINAL DEPOSIT SLIP TO YOUR APPLICATION FORM

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| **Bank:** | Standard Bank | **Account Name:** | University of Fort Hare |
| **Branch:** | Alice | **Account Number:** | 28 210 1357 |
| **Branch Code:** | 050119 | **Reference:** | Applicant’s full names |
| **Swift Code:**  | SBZAZAJJ |

ONE (1) CERTIFIED COPY of each of the following documents must be attached:
(such documents become the property of the University of Fort Hare and will not be returned)

|  |
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|[ ]  Identity Document |
|[ ]  Marriage Certificate (if applicable) |
|[ ]  Original Proof of payment of application fee |
|[ ]  Matric Certificate/O-A level results |
|[ ]  HESA/SAQA evaluation certificate |
|[ ]  Academic Record, including proof that the Certificate of Conduct has been requested from the previous University / University of Technology / Technikon if you had registered at another institution |

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| **1. PERSONAL DETAILS** |

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| **TITLE** |   | **ID/PASSPORT NO.** |  |

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| --- | --- |
| **FIRST NAMES:** |   |

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| **SURNAME:** |   |

|  |  |
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| **MARITAL STATUS:** |   |

|  |  |  |
| --- | --- | --- |
| **GENDER:** |[ ]  MALE |[ ]  FEMALE |

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| **DATE OF BIRTH:** | Dd/mm/yyyy |   |

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| **2. CONTACT DETAILS** |

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| **2.1 APPLICANT’S DETAILS** |

|  |  |  |
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| **TELEPHONE NUMBERS:** |   | Home |
|  |   | Work |

|  |  |
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| **CELLPHONE NUMBER:** |   |

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| **EMAIL ADDRESS:** |   |

|  |  |  |
| --- | --- | --- |
| **POSTAL ADDRESS**(WHERE MAIL MUST BE DELIVERED) |   |  |
|  |   |  |
|  |   |  |
|  | **Postal Code** |   |

|  |  |  |
| --- | --- | --- |
| **RESIDENTIAL ADDRESS**(No postal address must be indicated here) |   |  |
|  |   |  |
|  |   |  |
|  | **Postal Code** |   |

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| **2.2 NEXT OF KIN DETAILS: e.g. Parents/Spouse/legal guardian (This information is compulsory)** |

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| **SURNAME:** |   | **INITIALS:** |   | **TITLE:** |   |

|  |  |
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| **RELATIONSHIP:** |   |

|  |  |  |
| --- | --- | --- |
| **TELEPHONE NUMBERS:** |   | Home |
|  |   | Work |

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| --- | --- |
| **CELLPHONE NUMBER:** |   |

|  |  |
| --- | --- |
| **EMAIL ADDRESS:** |   |

|  |  |  |
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| **RESIDENTIAL ADDRESS**(No postal address must be indicated here) |   |  |
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|  |   |  |
|  | **Postal Code** |   |

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| **3. ADDITIONAL INFORMATION FOR REPORTING TO THE DEPARTMENT OF EDUCATION** |

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| **3.1 ETHNICITY** |[ ]  African |[ ]  Asian |[ ]  Coloured |[ ]  White |[ ]  Other |

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| **3.2 LANGUAGES (mark where applicable)** |

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| --- | --- | --- |
|  |  | **Home Language** |
|[ ]  Afrikaans |[ ]
|[ ]  English |[ ]
|[ ]  isiNdebele |[ ]
|[ ]  isiXhosa |[ ]
|[ ]  isiZulu |[ ]
|[ ]  seSotho |[ ]
|[ ]  seSotho sa Lebowa |[ ]
|[ ]  Setswana |[ ]
|[ ]  siSwati |[ ]
|[ ]  Tshivenda |[ ]
|[ ]  Xitsonga |[ ]
|[ ]  Other |[ ]

|  |  |  |
| --- | --- | --- |
| **3.3 Are you employed?** |[ ]  Yes |[ ]  No |

|  |  |  |  |
| --- | --- | --- | --- |
| **4. Any disability or special educational needs:** |[ ]  Yes |[ ]  No | If YES please complete below |

|  |
| --- |
| **Please briefly indicate your type of disability and special requirements:** |
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| **4. ACADEMIC DETAILS** |

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| --- | --- | --- |
| **LEVEL OF STUDY** |[ ]  Masters |[ ]  Doctoral |

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| **DEGREE / DIPLOMA FOR WHICH APPLICATION IS BEING MADE** | First Choice: |   |
| Second Choice: |   |

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| **RESEARCH OR STRUCTURES DEGREE** | *For a research degree, the curriculum requires that you compile a dissertation/ thesis.For a structured degree, the curriculum requires that you attend classes and compile a mini-dissertation. If you are uncertain what the curriculum requirements are, please contact your particular Department.* |
|  |[ ]  RESEARCH |[ ]  STRUCTURED |

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| **CAMPUS** |[ ]  Alice |[ ]  Bhisho |[ ]  East London |

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| **TYPE OF STUDY** |[ ]  Full Time |[ ]  Part Time |

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| **PREVIOUS YEAR’S ACTIVITY** |[ ]  Post School College |[ ]  Scholar |
|  |[ ]  University of Technology (Technikon) |[ ]  University |
|  |[ ]  Working (employed) |[ ]  Unemployed |

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| **5. MATRICULATION DETAILS/SECONDARY SCHOOL RECORD** |

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| **5.1 Highest grade/standard** |   |

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| **5.2 Examination date (*year & month)*** |   |

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| --- | --- |
| **5.3 Senior certificate type** |   |

|  |  |
| --- | --- |
| **5.4 Examination body** |   |

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| **5.5 Subjects and results of last exam** |

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| --- | --- | --- | --- |
| **Subject** (e.g. Economic) | **Percentage**(e.g. 75%) | **Level**(e.g. level 6) | **Symbol**(e.g. B) |
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| **6. POST SCHOOL ACADEMIC ACTIVITIES** |

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| 6.1 Were you previously registered at UFH or another institution? If Yes, please supply the following information. |[ ]  Yes |[ ]  No |

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| **NAME(S) OF UNIVERSITY (TIES) OF TECHNOLOGY (TECHNIKON(S) COLLEGE(S)** | **DEGREE / DIPLOMA OBTAINED** | **YEAR(S) OF REGISTRATION** | **STUDENT NUMBER** |
| **FROM** | **TO** |
|   |   |   |   |   |
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| Have you ever been prohibited from proceeding with you studies at any university / university of technology (technikon) / college? |[ ]  YES |[ ]  NO |
| IF SO, WHERE? |   |
| Qualification excluded from |   |

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| **7. ON-CAMPUS RESIDENCE APPLICATION** |

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| **Would you like accommodation on-campus**  |[ ]  Yes |[ ]  No |

|  |  |
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| **Passport no/ ID**  |   |
| **Nationality** |   |
| **Telephone Number:** | **Country Code:**  | **+**   | **Cell Number:** |   |
| **Email Address:**  |   |
| **Country** |   | **Postal Code** |   |
| **CAMPUS** |[ ]  Alice |[ ]  Bhisho |[ ]  East London |
| **GENDER:** |[ ]  Male |[ ]  Female |

**Applicants with disabilities (Please note: All housing is self-supportive)**

|  |  |  |
| --- | --- | --- |
| Would you require accommodation with modifications to support your disability? |[ ]  Yes |[ ]  No |

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| **For Office Use Only (RESIDENCE DEPARTMENT)** |
| **Residence Allocation** |[ ]  Yes |[ ]  No |
| **Name of Residence:** |  |
| **Full names of residence official** |  |
| **Signature of Official:** |  |
| **Date:** |  |
| **8. DECLARATION BY APPLICANT** |

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| --- | --- | --- |
| I |  | (full names) |

hereby declare that Should my application be successful, I undertake to:

(a) Comply with the general rules and regulations of the University of Fort Hare.

(b) Inform the Registrar immediately, in writing, of any change of address.

(c) Acquaint myself with the general rules and regulations relating to the programme for which I am accepted.

(d) I am fully aware that the University of Fort Hare is under no obligation to provide either financial assistance or accommodation of any kind.

(e) I acknowledge that all fees have been determined by the Council of the University of Fort Hare.

(f) I agree that the relevant fees will be paid, as indicated in the Prospectus, by the due dates. If such fees are not paid, I acknowledge the rights of the University to cancel my registration at any time and to claim payment of the amounts owing by me and/ or my guardian.

(g) I declare that all particulars given by me on this form are true and correct.

(h) I agree that any misrepresentation due to information entered on this form or the withholding of information, shall cause this application to become void or voidable at the discretion of the University without prejudice to its rights.

(i) Should I, during the course of my studies, at the University, sustain any injuries or contract any illness or suffer any 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 on the executor of my estate and my heirs and successors-in-title. Under the circumstances referred to above, 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 arising from any of the cause referred to above.

(j) I understand that meeting the minimum admission requirements is no guarantee for admission. The University has other considerations, e.g. academic merit, quotas for academic programmes, equity, etc.

I acknowledge that I have read this document, understand its contents and agree to its terms and conditions. I further acknowledge that I am signing this agreement freely and voluntarily.

|  |  |
| --- | --- |
| **Signature of student:** |  |
| **Date:** |   |

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| **FOR OFFICE USE ONLY (INTERNATIONAL OFFICE/STUDENT ADMINISTRATION)** |
| **Captured by (Surname & Initials)** |   |
| **Signature** |  |
| **Date:** |   |
| STAMP |

***OFFICE USE ONLY***

**PROOF OF ADMISSION FOR POSTGRADUATE STUDIES FROM THE SPECIFIC DEPARTMENT**

|  |  |  |
| --- | --- | --- |
| I, |   | (please print) hereby confirm that student |

|  |  |
| --- | --- |
| Name: | Student Number: |
|  |   |

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|[ ]  Fully complies with the prerequisites of the qualification and CAN be admitted to study: |
|  |   | at the Department of: |   |

|  |
| --- |
| **Or** |

|  |
| --- |
|[ ]  Provisionally complies with the prerequisites of the qualification and can be admitted to study: |
|  |   | at the Department of: |   |

|  |  |
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|  | Provided that: |
|  |   |

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| **Or** |

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| --- |
|[ ]  Rejected as does NOT comply with the prerequisites of the qualification and CANNOT be admitted to study: |
|  |   | at the Department of: |   |

|  |
| --- |
| **Or** |

|  |  |  |
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|[ ]  Cannot be admitted to study: |   | As the program is full. |

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| **Signature of Department Head/ Programme Director:** |   |
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| --- | --- | --- | --- |
| Tel no: |   | Email: |   |

|  |  |
| --- | --- |
| Date: |   |

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| **FREQUENTLY ASKED QUESTIONS** | **ANSWER** |
| Where do I email the filled in application form? | Email your application with all the required documents (proof of application fee payment, proof of residence fee payment, ID copy and results) to **applications2022@ufh.ac.za****. Your application will not be processed without these, and please always keep your original proof of payment slips, especially for residence as this is also required during registration.** |
| Whom do I contact if I have accommodation/ residence inquiry? | Email mnjoba@ufh.ac.za for Alice campus enquiries; Email ngomomo@ufh.ac.za for East London campus enquiries |
| Whom do I contact if I have an inquiry as an International student? | Email ckukubo@ufh.ac.za; international@ufh.ac.za; mmpoli@ufh.ac.za  |
| Whom do I contact for Faculty related enquiries? | Email the following Faculty ManagersLaw: amkiva@ufh.ac.za; Science & Agriculture: msmith@ufh.ac.za; Management & Commerce: lsitebe@ufh.ac.za; Social Science & Humanities: zmnguni@ufh.ac.za; Education: nmagocoba@ufh.ac.za; Health Sciences: pnhlumayo@ufh.ac.za |
| Whom do I contact for any other registration related questions? | Email admissions@ufh.ac.za |

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| **Contact Details** |  |
| Alice CampusEast London CampusBhisho Campus | Tel: 040 602 2281 / 2053 / 2512 / 2174 / 2631Tel: 043 704 7004 / 7155 / 7266 / 7139 / 7279Tel: 040 608 3470 / 3480 |

**For any assistance, you may contact International Affairs Office before/ after applying;**

Alice Campus: +277406022244

East London Campus: +277437047328

 +277437047666

Go to <http://www.ufh.ac.za/international/> for Visa information or to contact us if you have any queries.

Keep copies of all proof of payment, Pay residence application fee separately from admission application fee.