

# APPLICATION FORM

## (Unit for Open Distance Learning)



NORTH-WEST UNIVERSITY  
YUNIBESITHI YA BOKONE-BOPHIRIMA  
NOORDWES-UNIVERSITEIT

### HOW TO APPLY

1. Complete the application form in full and answer all questions.
2. Write in block letters in the squares and use a black pen.
3. Applicant must only submit one application form.
4. Please note that the allocation of an application number does not necessarily mean that you have been accepted as a student.
5. Please include a certified copy of your ID, marriage certificate (if applicable), Gr 11 or Gr 12 results, record of previous university's results (if applicable).

### 1. QUALIFICATION

Application year	C	C	Y	Y	Matric year	C	C	Y	Y
Qualification type	Undergraduate Qualification				Postgraduate Qualification				

#### FIRST CHOICE STUDY

Qualification Programme - see website		Code	
Study centre			

#### SECOND CHOICE STUDY (NOT COMPULSORY)

Qualification Programme - see website		Code	
Study centre			

#### THIRD CHOICE STUDY (NOT COMPULSORY)

Qualification Programme - see website		Code	
Study centre			

Were you previously enrolled at any tertiary institution?	Y	N	Were you previously registered for this qualification?	Y	N
Were you previously enrolled at this tertiary institution?	Y	N	Were / Are you a Univprep student?	Y	N

### 2. BIOGRAPHICAL INFORMATION

Country of origin	South Africa	International - please specify									
Surname		Initials	Title								
Date of birth	C	C	Y	Y	M	M	D	D	Gender	M	F
ID Number											
First name(s)		Preferred name									
Maiden name/Surname at birth											
Marital status	Divorced	Married	Single	Other - specify							
*Religious affiliation	Christian	Hindu	Muslim	Other - specify							
*Population group	Asian	Black	Coloured	White	Other						
Disability		Do you use a wheelchair?	Y	N							

\*Although this information is important for statistical purposes, answering is optional.

### 3. CONTACT DETAILS OF THE STUDENT

I hereby grant permission to the NWU to disclose my personal information as defined in the Protection of Personal Information Act (4 of 2013) to third parties, including bursary providers, financial institutions, parents and guardians, potential employers, etc. I understand that I have the right at any time to withdraw this consent by submitting such a request in writing.	Yes		No	
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Preferred method of correspondence	SMS		Email		*Note that the policy of the NWU is to preferably communicate via email.
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Preferred method of account correspondence	SMS		Email	
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Email address	
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Confirm Email address	
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Account Email address	
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Confirm account Email address	
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#### STREET ADDRESS / COURIER ADDRESS (COMPULSORY)

Country of origin	South Africa		International - please specify		Postal code				
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Street address	
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#### POSTAL ADDRESS – IF AVAILABLE

Country of origin	South Africa		International - please specify		Postal code				
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Postal address	
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#### ACCOUNT ADDRESS – IF DIFFERENT

Country of origin	South Africa		International - please specify		Postal code				
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Account address	
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#### CONTACT NUMBERS

Cellphone/contact number		International dialing code	
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Account cellphone/contact number		International dialing code	
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### 4. SCHOOL SUBJECT INFORMATION

SA Education Department		Other Education Systems (e.g. Cambridge)	
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Grade	Gr 11		Gr 12		School year	C	C	Y	Y
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Education department (e.g. NW Dept. of Education)	
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School	
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Do you have any brother(s) or sister(s) who are (or have ever been) registered at this institution?	Yes		No	
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## 5. POST-SCHOOL INFORMATION

Compulsory for all undergraduate students.

Will this be your first		second/further registration at a tertiary institution?	
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Have you ever written any examination at tertiary level?	Yes		No	
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### ACTIVITY IN THE YEAR PRIOR TO STUDY

School		TVET		Work		Home		Tertiary institution		Other - specify	
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## 6. EMPLOYMENT HISTORY (IF APPLICABLE)

### EMPLOYMENT 1

Occupation									Employer								
Start date	C	C	Y	Y	M	M	D	D	End date	C	C	Y	Y	M	M	D	D

### EMPLOYMENT 2

Occupation									Employer								
Start date	C	C	Y	Y	M	M	D	D	End date	C	C	Y	Y	M	M	D	D

### EMPLOYMENT 3

Occupation									Employer								
Start date	C	C	Y	Y	M	M	D	D	End date	C	C	Y	Y	M	M	D	D

## 7. RELATIONSHIPS

Relationship (e.g. Father, Mother, Guardian, Next of Kin)														
Surname							Initials				Title			
ID Number														
First name(s)							Preferred name							
Cellphone/contact number							International dialing code							

STUDENT SIGNATURE: \_\_\_\_\_

DATE: 

C	C	Y	Y	M	M	D	D
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University number (office use): 

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**8. OFFICE USE ONLY**

**RECOMMENDATION BY FACULTY/SELECTION COMMITTEE**

Application approved		Application rejected		Year level to which admitted	
Other recommendations					
Snr/Faculty Administrator/chairperson			Date		
			C	C	Y
			Y	M	M
			D	D	D

**RECOMMENDATION BY THE SCHOOL DIRECTOR**

NOTE: Only applicable to postgraduate applications, excluding Master's/Doctoral students

Application approved		Application rejected	
Other recommendations			
School director		Date	
		C	C
		Y	Y
		M	M
		D	D

**FOR OFFICE USE ONLY**

**TB P**

Year	2	0				
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University number: \_\_\_\_\_ Other: \_\_\_\_\_

Title: \_\_\_\_\_ Initials: \_\_\_\_\_ Surname: \_\_\_\_\_

Journal entry Bursary

Tuition fee:	R	T	K	P	J	B
First payment:	R	T	K	P	J	B
Age exemption / Postgraduate:	R	T	K	P	J	B
<b>Total</b>	R					

Receipt number: \_\_\_\_\_ Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Amount Received	
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First Payment	
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Date application is processed	C	C	Y	Y	M	M	D	D
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Signature: \_\_\_\_\_