

HIGHER DEGREES ADMINISTRATION OFFICE

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NORTH-WEST UNIVERSITY
YUNIBESITI YA BOKONE-BOPHIRAMA
NOORDWES-UNIVERSITEIT
MAFIKENG CAMPUS

2017

MASTER'S AND DOCTORAL APPLICATION

STUDENT NUMBER								TITLE	
SURNAME									
FULL NAMES									
QUALIFICATION LEVEL & DELIVERY MODE	MASTERS		DOCTORAL		Full Time		Part Time		
QUALIFICATION NAME									
PREVIOUS/CURRENT UNIVERSITY QUALIFICATIONS									
Qualification Name				Institution		Completed (Yes/No)		Date Completed Or To Be Completed	
								Month	Year
								Month	Year
								Month	Year

PROPOSED RESEARCH TOPIC / IDEA (For full Research Masters and Doctoral Studies)

ACCOMPANYING / SUPPORTING DOCUMENTS CHECKLIST	
1. University Application Form	
a. General Application Form (<i>New students and those who interrupted their studies for 5 years or more</i>)	
b. Application for Continuation of Studies Form (<i>Currently registered students</i>)	
c. Application for Re-Admission (<i>Students who interrupted their studies for not more than 4 years</i>)	
2. Proof of Application Fee payment (<i>New students and those who interrupted their studies for 5 years or more</i>)	
3. Certified Copy of South African ID or Passport (<i>International Students</i>)	
4. Certified Copies of Qualification Certificates	
5. Transcript copy of highest qualification	
6. SAQA Qualification Verification Certificate (<i>For all qualifications obtained outside South Africa</i>)	
7. Preliminary Research Proposal (<i>Recommended for full research masters and doctoral studies</i>)	

I hereby grant permission to the NWU to disclose my personal information as defined in the Protection of Personal Information Act/2013 to third parties including bursary providers, financial institutions, parents or guardians, potential employers etc. I understand that I have the right at any time to withdraw this consent in writing by submitting a student request.

Yes		No	
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I, _____ declare that the information provided above is true in every respect, and that all supporting documents are attached to this application.

Signature	Date
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INTRODUCTION

The University consists of three campuses: the Potchefstroom Campus, Vaal Triangle Campus, Mafikeng Campus, the head office and the seat of the institutional management is in Potchefstroom. The NWU is a value-driven institution that promotes tolerance and respect for all perspectives and systems of faith in order to facilitate an environment conducive for learning-teaching, research and community service, the value system and practices of the NWU will be driven by the values contained in the constitution, especially human dignity, equality and freedom, this includes the promotion of unity in diversity.

SELECTION

1. Provisional selection for all undergraduate qualifications can be done on the basis of the Grade 11 final or Grade 12 June examination marks (not symbols) if the applicant has not yet matriculated or on the matriculation symbols as indicated on the certificate.
2. The University reserves the right to require of candidates who have not obtained a specific average pass mark to write an additional selection test on the basis of which final consideration will be given to the application of such a candidate, following receipt of applications for admission, candidates will be informed as to whether they are expected to write the selection tests and as to the date, time and venue.
3. Approval of applications is also dependent on post-school training and education and/or applicable work experience.
4. Please note that only your first three choices will be considered. You are also requested to fill in the choice of programme and curriculum code (p 2). The closing date for Bachelor of Social Work will be on the date (30 June) due to the selection test. This will be communicated to the students in due time. Late applications for this programme will only be considered on merit. Other late applications may only be considered on merit after the 30th September, if space is available in programmes.

UNIVERSITY NUMBER

Please note that the allocation of a university number does not necessarily mean that you have been accepted.

SEND ALL CORRESPONDENCE TO

POTCHEFSTROOM CAMPUS

The Registrar: Academic and Corporate Administration
North-West University
(Potchefstroom Campus)
Private Bag X6G01
2520 POTCHEFSTROOM
Tel: (018) 299-4217/2635/2642/4047
Fox: (018) 293-5280/5205

VAAL TRIANGLE CAMPUS

The Registrar: Academic and Corporate Administration
North-West University (Vaal Triangle Campus)
PO Box 1174
VANDERBIJLPARK
1900
Tel: (016) 910-3111
Fax: (016) 910-3171
E-mail: vaal@puk.ac.za

MAFIKENG CAMPUS*

The Campus Registrar
North-West University
(Mafikeng Campus)
Private Bag X2046
2735 MMABATHO
Tel: (018) 389-2252/2171/2300/2525
Fax: (018) 389-2485
E-mail: 22988017@nwu.ac.za
mcadmissions@nwu.ac.za

* PLEASE NOTE THAT THIS APPLICATION FORM IS FOR THE MAFIKENG CAMPUS ONLY. PLEASE REQUEST A FORM FROM THE POTCHEFSTROOM OR VAAL TRIANGLE CAMPUS IF YOU INTEND TO APPLY AT ONE OF THESE CAMPUSES.

Application Fee

A non-refundable application fee of R150-00 is payable.

This amount is payable at the cash office on campus or at Standard Bank

Standard Bank

Account number: 030876052 or 032006888

Branch Code: 050040

NB: The banking details provided are strictly for the application fee

*Attach proof of payment to the completed application form.
The closing date for applications is 30 September of each year.*

A. GENERAL INFORMATION AND INSTRUCTIONS TO PROSPECTIVE LEARNERS

Read the following instructions and information carefully before completing the form. Incomplete information can lead to unnecessary delays in the processing of your application.

1. This application form should be completed by all who have not been registered at this University before or who have interrupted their studies for 5 years or longer.
2. The following documents should accompany this application (only certified copies are accepted):
 - 2.1 **Undergraduate applicants:**
 - Grade 11 final examination results or Grade 12 June examination results;
 - matriculation certificate (if already matriculated) or National Senior Certificate (certified copies are accepted);
 - academic record and certificate of conduct with regard to study at another tertiary institution (certified copies are accepted);
 - copies of certificates obtained at another tertiary institution; and
 - identity document (certified copies are accepted).
 - a study permit (where applicable)
 - 2.2 **Postgraduate applicant**
 - Official proof of compliance with the admission requirements for the intended study (obtainable from the relevant faculty);
 - academic record and certificate of conduct with regard to study at another tertiary institution (certified copies are accepted);
 - copies of certificates obtained (certified copies are accepted); and
 - identity document (certified copies are accepted).

NB: If any other above documents have been issued in the maiden name of the applicant, a copy of the marriage certificate should accompany this application.

3. Please inform the University immediately should you:
 - decide not to pursue this application for admission any further;
 - change your address; and
 - not receive acknowledgement of receipt of the application by the university within four weeks of the date of application.
4. The University reserves the right to refuse any application without supplying reasons for such a decision.
5. Indication of the population group is vital for statistical purposes.

NB: For further information with regard to the completion of the application form as well as dates of registration, consult the university website: www.nwu.ac.za.

A. STUDY INFORMATION

(Please refer to the General Information and Instructions to prospective learners on page 1 before completing the form)

University number
(If known)

In which year do you plan to commence studies?

Have you been registered at this University before? Yes No

If so, what was your student number?

Method of delivery that you will follow (mark with an x) (1) Full-time (2) Part-time
(3) Distance

Qualification that you wish to enroll for: Name of qualification, e.g. BA (Education)

Programme code (e.g. 279 100) Programme Curriculum Code

Second choice: Name of qualification, e.g. BSc (Biological Science)

Programme code & Curriculum code

Third choice: Name of qualification, e.g. Bcom

Programme code & Curriculum code

B. BIOGRAPHICAL DETAILS OF APPLICANT

Surname Identity number

Initials Date of birth (YYYY/MM/DD)

Title: Mr Miss Mrs Dr Other (please specify)

Full names Gender: Male Female

Preferred name Maiden name (married women)

Marital status Single Married Other (please specify)

Citizenship South African Other (please specify)

Population group White Coloured Indian Black Other (please specify)

Religious affiliation (specify eg. Methodist / Catholic / Dutch Reform)

Home Language Setswana English Other (please specify)

Language of correspondence English

C. INTERNATIONAL STUDENTS ONLY

If non-South African, please provide the following (tick the appropriate block)

NB: All international students must, upon registration, produce proof of Medical cover and a study permit.

Study permit Residence permit

Other (please specify)

Permit number

Permit expiry date (YYYY/MM/DD)

Passport number

Passport expiry date (YYYY/MM/DD)

D. DISABILITIES

Do you suffer from any of the following? (Supporting proof of your disability must be included with your application)

Visual Impairment

Hearing Impairment

Physical Impairment

Learning Impairment

Psychosocial Impairment

Do you use a wheelchair? Yes No (N.B. This information is required to assist the affected students)

E. CONTACT DETAILS (THE DETAILS PROVIDED WILL BE USED UNLESS THE UNIVERSITY IS NOTIFIED OF A CHANGE)

I hereby grant permission to the NWU to disclose my personal information as defined in the Protection of Personal Information Act 4/2013 to third parties, including bursary providers, financial institutions, parents and guardians, potential employers, etc. I understand that I have the right to withdraw this consent in writing by submitting a student request. Yes No

Student Signature: _____

Date: _____

Street address

Postal Code

Postal address

Postal Code

To whom should the account be sent? Father Mother Guardian Applicant personally Other

Account address

Postal Code

Tel number of applicant during office hours Area code Number Extension

Tel number of applicants after hours Area code Number

Fax number Area code Number Cell number

EMAIL ADDRESSES (COMPULSORY) (THIS INFORMATION IS VITAL FOR INTERNATIONAL STUDENTS)

The communication methods are sms, email, post or fax. More than one method will be used when needed or applicable.

F. SCHOOL INFORMATION OF APPLICANT

Name of school

Address of school

Tel number of School Area code Number

Year of matriculation Matriculation Examination Number

Examination Authority Department of Basic Education (South Africa)

Other (please specify)

Types of Exemption (if applicable) Full exemption Conditional exemption Senior Certificate without exemption

Other (please specify)

G. POST-SCHOOL ACTIVITIES

Will this be your First or Further registration at a tertiary institution?

Did you sit for any examination at a tertiary level? Yes No

H. LEADERSHIP ACHIEVEMENTS AT SCHOOL (MARK WITH A CROSS WHERE APPLICABLE)

Head leader or President of the Learner's Representative Council Member of the Learner's Representative Council

Member of the management of a cultural or academic association Chairperson of a cultural or academic association

Headboy/girl/Deputy headboy/girl Captain of a first sports team Captain of another sports team
 Residence Headboy/Headgirl/deputy headboy/deputy headgirl
 Has your brother(s) or sister(s) been registered at the NWU? Yes No In which residence?

I. ACTIVITY IN THE YEAR PRIOR TO STUDY

School Work University
 Technikon Teacher's Training College Technical Institute Other (please specify)

Complete in reverse order (starting with the most recent) all tertiary academic work, including incomplete qualifications (compulsory for evaluation purposes)

Period		Name of University/College/ Technikon, etc.	Name of Degree/Diploma/ Certificate	Study Completed		University Student No.
From Year/Month	To Year/Month			Yes	No	

J. EMPLOYMENT RECORD

Please record your most recent positions of employment starting with your present position (if applicable)

Period		Occupation	Employer
From Year/Month	To Year/Month		

K. RELATIONSHIPS (PARTICULARS OF PARENTS/GUARDIAN OR NEXT OF KIN - COMPULSORY)

1. FATHER'S PARTICULARS Surname ID
 Initials Date of birth (YYYY/MM/DD) Title
 Occupation Employer
 Is your father an alumnus? Yes No Is your father a donor? Yes No
 If known, university number of father
 Postal address
 Postal code
 Home tel. no. Area code Number
 Work address
 Postal code
 Work tel. no. Area code Number Fax number
 Cell number E-mail address

2. MOTHER'S PARTICULARS Is your mother an alumnus? Yes No Is your mother a donor? Yes No
 If known, university number of mother
 Mother's surname
 Mother's initials Mother's ID-number
 Postal address
 Postal codes

Undertaking by the Learner and/or Parent/Guardian

1. I declare that I/my son/daughter (hereinafter referred to as the learner) have/has fully completed the form and that he details are true and correct.
2. I would like my son/daughter to be placed in one of the University's residences as a resident learner. Should I/the learner during my/the learner's abode in the residence, require urgent medical attention, I authorize the housemaster or his alternate to call in a practicing physician or psychiatrist. Should an emergency operation or other treatment be required, I authorize the housemaster or his alternate to give the required written consent thereto on my/the learner's behalf (may be deleted by distant learners).
3. I/we, the undersigned, will be responsible for the prompt payment of ail and any money payable to the NWU in terms of my/the learner's enrolment and/or association with the NWU, now and in future, more fully set out in the official University Brochures as determined and amended by the University's Council from time to time. The contents of this brochures form the basis of the financial agreement between the University and myself/us and are regarded to be incorporated in its entity into this agreement. I shall forthwith (fax every deposit slip made by or on the learners behalf with regard to money paid into the University's bank account to the University to enable the University to credit the learner's personal study account with the University.
4. I grant permission for a learner identity card to be issued to me/the learner and I assume responsibility for all financial and other transactions negotiated and entered into by means of such card. I also bind myself/the learner to the prescribed rules with regard to lost cards (the relevant rules ore provided when the card is issued and are available for purposes of information at the Office of the Dean of Students, together with the relevant brochure). University cards are issued to all learners and these are inter alia necessary for the use of sport and library facilities, dining halls, restaurants and for personal identification in some classes, at examination venues and on the computer network, this card is prepared on the basis of the details supplied by or on behalf of the learner so that the card can be issued to the learner after registration. It is inter alia expected of the learner to wear the card conspicuously on his/her person and to treat it as a debit card. The card remains the properly of the University and must be handed in when the learner terminates his/her studies. Lost cards must be cancelled immediately with the Department of Protection Services of the University.
5. I consent to the issue of a computer user name to me/the learner. I realize that the security of the password is the personal responsibility of the learner. I/the learner bind myself to the rules for the use of the University's computer facilities as contained in the relevant policy documents and brochures and accept responsibility for all transactions done form my user name, including electronic mail and internet access.
6. I understand that the University will at all times be entitled to summarily cancel my/the learner's registration should it become apparent that the information supplied on this form is false or incorrect. I further understand that the University reserves the right to cancel my/the learner's registration in the event that I was for any reason erroneously admitted into any programme of study at the University.
7. Should the University, when I/the learner fail/fails to make payments on pre-determined due dates, at the University's sole discretion hand over to attorneys any amount of money for collection, I undertake to pay all costs whatsoever which may be due and payable, including tracing fees, collection charges, advocate's fees, and any expenses of whatever nature on an attorney and own client scale. Any fees payable by me/the learner will firstly be allocated to the aforementioned costs, thereafter to interest and only then to the capital amount. A wage attachment order may also immediately be issued against my/our employers in order to attach my/our salary or wages in order to collect the outstanding amount as a whole or in installments.
8. Any amount owing and payable to the University in terms of the University's financial rules as published in the brochure entitled "Fees Payable and Financial Rules", may be fixed and proven by means of a certificate issued and signed by an authorized official of the University. Such a certificate shall be binding and will serve as prima facie proof of the extent and existence of such indebtedness, unless and until the contrary is proved.
9. I understand that this undertaking signed by me specifically refers to my/the learner's application for admission to the University and/or application for continuation of studies at the University.
10. I hereby bind myself jointly and severally and in solidum together with the learner to properly meet all conditions contained herein.
11. These conditions will remain valid and in force for the full duration of my/the learner's enrolment as learner at the university and thereafter until all commitments in terms hereof have been met.
12. I have satisfied myself as to and subject myself to all the rules and regulations contained in the brochures and in the Institutional Statute of the University which form part of this agreement and/or as it may be amended from time to time.
13. Potchefstroom shall be regarded as the place where this agreement has come into existence, regardless of where it may be signed.
14. I hereby undertake to transfer to the University any intellectual property rights that may arise in the course and scope of my studies and research at the University by signing the necessary documents. I understand that the University, in the case of any commercial exploitation thereof, will remunerate me in terms of the same policy that applies to staff of the University.
15. I understand that the University will take all reasonable steps to prevent me/the learner from being injured or prejudiced for any injury or damage, whether or not it is caused by the negligence of the University or any of its employees, or a fellow learner, and undertake not to institute any claims against the University in respect of such an injury or damage. I further undertake to indemnify the University should the University incur any liability whatsoever pursuant to any negligent or other act or omission by me/the learner.
16. I/the learner, my/his/her dependents, executors, administrators, and/or transferees hereby relinquish and indemnify the University against any claim or damage of whatsoever nature which may arise on or outside the campuses of the University during my/the learner's period of study at the University.
17. Do you owe money to any tertiary institution in South Africa? Yes No
18. If the answer above is YES, please indicate the name of the relevant tertiary institution, as well as the amount owed and other relevant information to this form. Institution Amount

Signed on thisDay of 20

**SIGNATURE OF PARENT/GUARDIAN
(If learner is under age)**

NAME AND SURNAME (please print)

SIGNATURE OF LEARNER

NAME AND SURNAME (please print)

Identity number

Identity number

OFFICE USE ONLY FOR ADMISSION TO POST GRADUATE STUDIES

A. Approval by Faculty/Selection Committee

Application approved

Application rejected

FACULTY ADMINISTRATOR _____

DATE (YYYY/MM/DD)

2	0								
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B. Recommended by the School Director or Research Director (only applicable to postgraduate applications)

Application recommended

Not recommended

Other recommendations _____

SCHOOL DIRECTOR _____

DATE (YYYY/MM/DD)

2	0								
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C. Approval by the Dean (only applicable to postgraduate applications)

Application approved

Not approved

Other recommendations _____

DEAN _____

DATE (YYYY/MM/DD)

2	0								
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OFFICE USE FOR DISABILITY UNIT ONLY

Approved by disability unit: Yes No

Signature of disability staff member _____ Date _____

RECRUITMENT