APPLICATION FOR CONTINUATION OF STUDIES IN 20…..

Address all correspondence to:

North-West University
Mafikeng Campus
P/Bag X2046, Mmabatho 2735
Tel: (018) 389 2525, Fax (018) 389 2485

Potchefstroom Campus
Tel: (018)299 4217,Fax : (018) 293 5280

Vaal Triangle Campus
Tel: (016) 910 3111, Fax (016) 910 3116

IMPORTANT

This application form is only applicable to learners of this University who, in the year before this application, complied with degree/diploma requirements at this University and wishes to continue with further studies.

Please print and fill in the relevant information and codes in the spaces.

Prospective learners who have not yet studied at this University or learners of this University who apply for a particular year but who were not registered learners of this University the previous year, i.e. who have interrupted their studies for a year or longer, should complete the official application form applicable to new applications for admissions.

BIOGRAPHICAL PARTICULARS OF APPLICANT

UNIVERSITY NUMBER: 

TITLE, INITIALS & SURNAME: 

DATE OF BIRTH: 

MAIDEN NAME: 

APPLICATION FOR ADMISSION

PREVIOUS QUALIFICATION: 

AT WHAT CAMPUS 

MAFIKENG 

VAAL 

DO YOU INTENT TO 

POTCHEFSTROOM 

STUDY

QUALIFICATION YOU WISH TO TAKE 

QUALIFICATION CODE: 

CURRICULUM: 

CURRICULUM CODE: 

1. FULL TIME

2. PART TIME

3. ASSOCIATION AGREEMENT (E.G BIBLE COLLEGES CEDAR, ECT)

4. WEB

5. TELEMATIC

PERMANENT ADDRESS OF PARENTS/LEGAL GUADIAN/LEARNER OVER 21

TITLE INITIAL & SURNAME: 

HOME ADDRESS: postal code 

POSTAL ADDRESS: postal code 

DAILING CODE, TELEPHONE NUMBER & EXTENTION & CELL NUMBER OF LEARNER:
UNDERTAKING BY THE PARENT OR GUARDIAN AND LEARNER

1. I declare that I/my son /daughter (thereinafter referred to as the learner) have/has fully completed the form and that the 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 all and any money payable to the NWU in terms of my/the learner’s enrolment and/or association with these 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 these brochures from the basis of the financial agreement between the University and myself/us and are regarded to be incorporated in his entirely 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 credit the learner’s personal study account with the University.

4. I grant permission for a university 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(thesrelevant rules are provided when the card is issued and are available for purpose of information at the office of the Dean of Students, together with the relevant brochures ). University cards are issued is 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 cards. The card remains the property 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 from 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 be apparent that the information supplied on this form is false or incorrect.

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 prime facie proof of the extent and existence of such indebtedness, unless and until the contrary is proved.

9. I also grant the University the right to make any enquiries that the University may deem necessary in order to evaluate my/the learner’s application for credit. Should credit be granted the University has the right to place on record with or request information from any credit bureau regarding the handling of my/the learner’s account.

10. 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.

11. I hereby bind myself jointly and severally and in solidum together with the learner to properly meet all conditions contained herein.

12. 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.

13. 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.

14. Potchefstroom shall be regarded as the place where this agreement has come into existence, regardless of where it may be signed.

15. 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.

16. 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 his 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.
17. I/the learner, my/his/her dependants, 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.

Signed on this ........................................ Day of .......................................................... 20.........

SIGNATURE OF PARENT/GUARDIAN: .................................................. SIGNATURE OF LEARNER: ..................................................

(IF LEARNER IS UNDER AGED)

NAME AND SURNAME (PLEASE PRINT) .................................................. NAME AND SURNAME (PLEASE PRINT) ..................................................

IDENTITY NUMBER .......................................................... IDENTITY NUMBER ..........................................................

FOR OFFICE USE ONLY

PLEASE MARK WITH X

ACCEP TED  PROVISIONALLY ACCEPTED  REJECTED

FACULTY ADMINISTRATOR ..........................................................

SUBJECT COORDINATOR..........................................................

SCHOOL DIRECTOR..........................................................

DEAN .......................................................... DATE: ..................................................