



## University of Venda

### APPLICATION FOR ADMISSION FOR 2017

(For more information visit our website: [www.univen.ac.za](http://www.univen.ac.za))

**This is only an application for admission and therefore binding upon neither the applicant nor the University.  
You must still register in person on the date as published in the press/indicate on the information brochure/ as brought to your attention.**

R100-00 (ONE HUNDRED RAND ONLY) NON-REFUNDABLE APPLICATION FEE MUST BE PAID AT ABSA BANK ACCOUNT NO. 1000 000 589 AND WRITE THE FIRST EIGHT DIGITS OF YOUR I.D NUMBER AS REFERENCE NUMBER.

KINDLY ATTACH THE ORIGINAL DEPOSIT SLIP ON YOUR APPLICATION FORM.

*Application forms without Proof of Payment will not be considered*

#### INSTRUCTIONS FOR COMPLETING THE FORM

1. Complete the form in full and answer all questions.
2. Write in block letters in the squares.
3. Mark only the appropriate answer with an X in the squares where options are given.
4. Please use a black pen.

#### COMPLETED APPLICATION FORMS

Completed application forms must be returned to the University either by hand or by certified/ordinary mail/registered post.

**Before 30 September 2016**

Please return the form to:

1. New Student Administration Building

Or send it to :

2. University of Venda  
Student Admissions  
Private Bag X5050  
THOHOYANDOU  
0950

**Please attach CERTIFIED COPIES of the following:**

- Copy of your identity document or passport
- Copy of Senior Certificate or Statement of Symbols, Matriculation Certificate or School leaving exams
- Copy of school examination results certified by school principal (if still at school)
- Academic record and certificate of good conduct (if you have already studied at a tertiary institution)
- Copy of Study or Residence Permit (if you are an international applicant)
- Testimonial from your School Principal/employer
- 1 Passport photo





<b>26</b>	Name of employer																														
<b>27</b>	Postal address of employer																									Tel. No.					
																										Area code					
																										Postal Code					

<b>28</b>	Furnish information of appropriate experience in your intended field of study		
	EMPLOYER	PERIOD	TYPE OF WORK

<b>29</b>	<b>APPLICANTS WITH DISABILITIES</b>
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Higher education institutions are sensitive to your needs. Please indicate if you have conditions requiring assistance.

Blind		Partially sighted		Deaf		Partially deaf		Wheelchair		Crutches/callipers	
Paraplegia		Ailments requiring support		Epilepsy		Cerebral palsy					
Psychological or learning difficulty		Other (give details)									

<b>30</b>	How were you occupied for the greater part of the last semester/year?										
	Secondary pupils	08		University of Technology	03		Labour force employed	07			
	University student	01		Technical College student	05		College of nursing student	04			
	Other (give details)	09									

<b>31</b>	If registered as a student before, give name of previous institution																														
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<b>32</b>	Will you apply for subject exemption?																					
	Yes		No																			

<b>33</b>	<b>HIGH SCHOOLS ATTENDED</b>
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School name		From	To	School name		From	To	School name		From	To
<b>34 SCHOOL LEAVING EXAMINATION RESULTS : Year of exam 201611</b>											
National Senior Certificate			Senior Certificate (prior to 2008)			National Certificate Vocational					
N3/4	HIGCSE	GCE	IB	Other							

**Complete the following section if you wrote Senior Certificate (prior to 2008)**

Type of exemption

Enter the mark range shown on your Senior Certificate (e.g. 950-1199)

Aggregate as shown on Senior Certificate

Examining authority e.g. LIMPOPO, IEB  Examination number

Send us copies of all available examination results and any exemption. If you are writing in **2016** enter the subjects (and grades levels where applicable) to be written.

Subject	Grade/ Level (e.g.HG, 'O')	Level/ Symbol achieved	%

Subject	Grade/ Level (e.g.HG, 'O')	Level/ Symbol achieved	%

<b>35</b>	<b>OTHER POST-SCHOOL EXAMINATION RESULTS</b>	Rewriting/upgrading	Other (e.g. N4)	<input type="text"/>	<input type="text"/>		
Subject	Grade/ Level (e.g.HG, 'O')	Level/ Symbol achieved	%	Subject	Grade/ Level (e.g.HG, 'O')	Level/ Symbol achieved	%

<b>36</b>	<b>Particulars of all post-secondary study</b>
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Institution	Diploma/Degree	Major Subjects passed	Year

<b>PART D</b>	<b>SPORT, CULTURE, HOBBIES &amp; DISTINCTION</b>
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<b>37</b>	Indicate your interest with an X, if you were awarded colours, please replace the X with the appropriate code: School colours –S                      Provincial colours –P                      National colours –N                      Other -A							
Sport Activities				Cultural and Other Activities				
Rugby	S01		Tennis	S08		Drama	K01	
Athletics	S02		Soccer	S09		Exhibitions	K02	
Cricket	S03		Judo	S10		Choir	K03	
Netball	S05		Swimming	S11		Theatre Club	K05	
Karate	S07		Volley ball	S16		Chess	K08	
Other				Other				

<b>PART E</b>	<b>DECLARATION</b>
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1. I undertake
  - 1.1 to comply with the rules and regulations of the University of Venda, should my application be successful.
  - 1.2 to inform the School Administrator immediately, if I change my address, e-mail, telephone or cell number and
  - 1.3 to acquaint myself, with all the rules and general regulations that relate to the programme for which I am applying.
- 2 I/We hereby absolve the University of Venda, its staff, employees, representatives and/or agents from any claims which I/the student may acquire as a result of any injuries which I/the student may receive and/or damages which I/the student may suffer as result of any happening, incident, accident, injury, illness or death however it may have resulted or as a result of my/his/her participation in any tour/outing/excursion/visit or transport which may take place during my/his/her studies at the University.
3. I/We accept that I/the student shall participate in the activities mentioned in paragraph 2 on my/his/her own responsibility and shall voluntarily accept the risk incidental thereto.
4. I/We hereby accept liability for the payment of all study, class or other fees which may be charged by the University as a result of my/his/her studies at the University, if the application is successful.
5. I am aware that my enrolment is valid only if it complies with the regulations of the programme concerned, notwithstanding the acceptance of this application by the University.
6. I declare
  - 6.1 that I conclude this agreement with the knowledge and consent of my parents/guardians/employer.
  - 6.2 that all particulars given by me on this form are true and correct.

Signature of student

Date

Signature of Parent /  
Guardian (if an applicant is  
under 18 years)

Date

Admitted	
Waitlisted	
Rejected	

If conditional, give reason:	
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Remarks:
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Signature of Dean/Head of Department			Date	D	M	YEAR

DATE RECEIVED
[STAMP]

### SCORING SCALE FOR 2017

MATRIC	NSC LEVEL	PERCENTAGE	SCORE
A+	7	90 - 100	9.0 - 10
A	7	80 - 89	8.0 - 8.9
B	6	70 - 79	7.0 - 7.9
C	5	60 - 69	6.0 - 6.9
D	4	50 - 59	5.0 - 5.9
E	3	40 - 49	4.0 - 4.9
F	2	30 - 39	0
G	1	0 - 29	0

**\*The minimum points for admission to a Bachelors Degree study is 26 and can be reviewed by Senate from time to time.**