



UNIVERSITY OF VENDA

APPLICATION FOR POST GRADUATE STUDIES

STUDENT NO:
(If previously registered at the University of Venda)

NAME OF STUDENT:

RETURN THIS FORM BEFORE 31 NOVEMBER 20.....

**UNIVERSITY REGISTRAR
UNIVERSITY OF VENDA
PRIVATE BAG X5050
THOHOYANDOU
0950**

A. APPLICATION PARTICULARS

The University of Venda appreciates your intention to further your studies and would like to offer you the most appropriate advice. The fact that we have to limit the number of post graduates students due to staff implications and other factors, we have introduced selection processes. The particulars requested below will enable us to ascertain to what extent you have reflected upon the proposed post-graduate studies and research.

The following certified copies must accompany your application:

- a) I.D Book
- b) Standard 10 (Grade 12) certificate.
- c) Transcript of academic record and certificate of conduct.
- d) Degree(s)/Diploma certificates

B. PERSONAL PARTICULARS

1.1 Name:

(Full names and surname: Mr/Mrs/Ms)

1.2 Date of birth:

1.3 Home Language:

1.4 Address: (Home)

1.5 Address: (Work)

- 1.6 Telephone No. (Home)(Work)
- 1.7 Occupation :
- 1.8 Have you applied at another University? Yes/No
University of
- 1.9 Have you registered for any post graduate degree/diploma before?
.....
(At University of Venda or elsewhere)

C. PROPOSED FIELD OF STUDY

1. Degree/diploma you are intending to study.
1st Choice: 2nd Choice:.....
2. Do you intend to study Full or Part-time?

FOR OFFICE USE ONLY

D. THE APPLICATION

- (a) has been accepted
- (b) not accepted
- (b) conditionally accepted

Departmental Head: Date:

Dean : Date:

Comments (if any)

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