



University of Venda

STUDENT NO.:									
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APPLICATION FOR RE-ADMISSION 2020

(For more information visit our website: www.univen.ac.za)

RETURN THIS FORM BEFORE 27 SEPTEMBER 2019

R100-00 APPLICATION FEE MUST BE PAID AT ABSA BANK ACCOUNT NO. 1 000 000 589 AND STATE YOUR STUDENT NUMBER ON REFERENCE COLUMN. KINDLY ATTACH THE DEPOSIT SLIP ON THIS APPLICATION FORM

(NB: Application forms without this fee will not be considered and if applying for the first time at this University, make sure you fill in the general application form (undergraduate form as well))

The following certified copies must accompany your application:

- (a) I.D. Book
- (b) Standard 10 (Grade 12) certificate

Forms can be returned to the following address:-

**New Student Administration Building
 University of Venda
 Student Admissions
 Private Bag X5050
 Thohoyandou
 0950**

ACADEMIC YEAR	2	0										
WHEN DID YOU LAST REGISTER AT THIS UNIVERSITY?												
Degree/Diploma/Certificate for which you wish to enrol												
Post-Graduate		Junior Degree		Diploma		Certificate						
First Choice							Second Choice (if applicable)					
PART A		PERSONAL PARTICULARS										
01	Title	Mr		Mrs		Ms		02:	Surname			
03	Initials				04	Full Names						
				05	I.D No							

(If no I.D No. fill in passport number)

Email Address:	
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1	Postal Address																			
					Postal Code															
Tel. No																				

DECLARATION	
<ol style="list-style-type: none"> 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, and 1.3 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, representative 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 a 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. I declare; that I conclude this agreement with the knowledge and Consent of my parents/ guardians/employer 5.1 that all particulars given by me on this form are true and correct. 	

Signature of applicant
Signature of Parent/
Guardian
(If applicant is under
21years)

Date

Date

Comments by HOD:

HOD's signature

Dean's signature

