



University of Venda
Creating Future Leaders

APPLICATION FOR ADMISSION FOR 2021

(For more information visit our website: 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 28 September 2020** 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:

- | | |
|--------------------------|--|
| <input type="checkbox"/> | Copy of your identity document or passport |
| <input type="checkbox"/> | Copy of Senior Certificate or Statement of Symbols, Matriculation |
| <input type="checkbox"/> | Copy of school examination results certified by school principal (if still at school) |
| <input type="checkbox"/> | Academic record and certificate of good conduct (if you have already studied at a tertiary institution) |
| <input type="checkbox"/> | Copy of Study/Residence Permit/Medical Insurance/SAQA Evaluation Certificate (if you are an international applicant) |

ACADEMIC YEAR	2	0		
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FOR OFFICE USE ONLY	
RECEIPT NO.	
AMOUNT	

STUDENT NO.										
Degree/Diploma/Certificate for which you wish to enrol										
First choice								Second choice (if applicable)		

PART A	PERSONAL PARTICULARS
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01	Title				
	Mr		Ms		Dr

02	Surname												

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

05	First Names																			
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06	Maiden name (if married)											

07	Date of birth						
		D	M	YEAR			

08	Marital status						
	Single	S	Divorced			D	
	Married	M	Widow/er			W	

09	Gender		
	Male	M	
	Female	F	

10	Home Language													
	English	E	Afrikaans		A	Isindebele		B	Northern Sotho		D	Southern Sotho		F
	Swazi	G	Tsonga		H	Tswana		I	Venda		J	Xhosa		K
	Zulu	L	Isindebele				M	Other					N	

11	Church Denomination										
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12	Occupational Category										
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13	Postal Address												
	Postal Code												
	Tel. No.												
	Cel. No.												
	E-mail.												

14	Account to												
	Title	Mr	Ms	Dr	Prof	Rev							
	Surname & initials												
	Address												
	Postal Code												
	Cel. No.												

15	Name and address of parent/guardian/next of kin not staying with you													
Surname and Initials														
Address														
										Postal Code				
Cel. No.														

16	Population group			
White	1	Asian	3	
Coloured	2	Black	4	

17	Citizenship			
South Africa	100	Namibia	111	
Countries in Europe	141	Zimbabwe	111	
Other (furnish name)				

18	If not a S.A citizen, study permit number.												
												19	Expiry date
20	If not a S.A citizen, what sort of permit/visa do you have?												
	Permanent residence		Work permit		Asylum seeker								
	Study permit		Permit not yet issued		Refugee status								
21	Do you have Medical Aid?										YES	NO	

PART B	GENERAL INFORMATION
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22	Are you applying for the following at the University? N.B: Separate application form should be completed. (Obtainable from Financial Aid, Edu loan and Residence Manager's offices)
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Bursary Yes Bursary Loan Yes Residence Yes

23	How did this programme come to your notice?			
Press	1		Personal enquiry	6
Radio	2		Another University student	7
Television	3		Friend	8

Visit of University Staff to school	4		Career Exhibition	9	
Teacher	5		Guidance teacher	10	
24	Are you enrolled or do you intend enrolling at another post-secondary institution?			Yes	No
25	Have you ever been refused admission to any post-secondary institution?			Yes	No

26	Name of employer																			
27	Postal address of employer														Tel. No.					
															Area code					
														Postal Code						

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

29	APPLICANTS WITH DISABILITIES
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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	Wheel chair	Crutches/callipers
Paraplegia	Ailments requiring support	Epilepsy	Cerebral palsy		
Psychological or learning difficulty		Other (give details)			

30	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					

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

33 HIGH SCHOOLS ATTENDED

School Name	From	To	School Name	From	To	School Name	From	To
34 SCHOOL LEAVING EXAMINATION RESULTS : Year of exam							201811	
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 Full Ordinary Mature Age Immigrant Foreign None/Not yet awarded

Conditional

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 **2018** 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	%

35 OTHER POST-SCHOOL EXAMINATION RESULTS

Rewriting/upgrading Other (e.g. N4)

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

36 Particulars of all post secondary study			
Institution	Diploma/Degree	Major Subjects passed	Year

PART D		SPORT, CULTURE, HOBBIES & DISTINCTION							
37	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	SO1		Tennis	SO8		Drama	KO1		
Athletics	SO2		Soccer	SO9		Exhibitions	KO2		
Cricket	SO3		Judo	S10		Choir	KO3		
Netball	SO5		Swimming	S11		Theatre Club	KO5		
Karate	SO7		Volley ball	S16		Chess	KO8		
Other				Other					

SCORING SCALE FOR 2021

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.**

PART E	DECLARATION
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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
 - a. that I conclude this agreement with the knowledge and consent of my parents/guardians/employer.
 - b. 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:

Signature of Dean/Head of Department			Date	D	M	YEAR

DATE RECEIVED

[STAMP]