



STUDENT NO.:										
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APPLICATION FOR RE-ADMISSION 2021
 (For more information visit our website: www.univen.ac.za)

RETURN THIS FORM BEFORE 30 NOVEMBER 2020

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 sent to one of the following email addresses: -

Fhatuwani.mulidzi@univen.ac.za
Stella.mmbobo@univen.ac.za

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	
<p>1. I undertake</p> <p>1.1 to comply with the rules and regulations of the University of Venda should my application be successful.</p> <p>1.2 to inform the School Administrator immediately, if I change my address, and</p> <p>1.3 acquaint myself, with all the rules and general regulations that relate to the programme for which I am applying.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>I declare;</p> <p>that I conclude this agreement with the knowledge and Consent of my parents/ guardians/employer</p> <p>5.1 that all particulars given by me on this form are true and correct.</p>	

Signature of applicant Signature of Parent/ Guardian <i>(If applicant is under 21years)</i>		Date	
		Date	

Comments by HOD:

HOD's signature

Dean's signature

