



University of Venda  
Creating Future Leaders

## APPLICATION FOR ADMISSION FOR 2021

(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 YOUR I.D NUMBER AS REFERENCE NUMBER. INTERNATIONAL STUDENTS USE SWIFT CODE: ABSAZAJJ WITH REFERENCE NUMBER AS PASSPORT NUMBER WITHOUT ALPHABET.

KINDLY ATTACH DEPOSIT SLIP/PROOF OF PAYMENT 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 November 2020**

**Forms can be sent to one of the following email addresses: -**

[Fhatuwani.mulidzi@univen.ac.za](mailto:Fhatuwani.mulidzi@univen.ac.za)

[Stella.mmbobo@univen.ac.za](mailto:Stella.mmbobo@univen.ac.za)

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	
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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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<b>01</b>	Title						
	Mr	Ms	Dr				

<b>02</b>	Surname																
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<b>03</b>	Initials				
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<b>04</b>	I.D No																
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(If no I.D. No. fill in passport number)

<b>05</b>	First Names																		
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<b>06</b>	Maiden name (if married)													
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<b>07</b>	Date of birth						
	D	M	YEAR				

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

<b>09</b>	Gender			
	Male	M		
	Female	F		

<b>10</b>	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	

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

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

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

<b>16</b>							Population group			
White			1	Asian			3			
Coloured			2	Black			4			

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

<b>18</b>															If not a S.A citizen, study permit number.														
																				<b>19</b>		Expiry date							
<b>20</b>															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																			
<b>21</b>										Do you have Medical Aid?										YES		NO							

<b>PART B</b>	<b>GENERAL INFORMATION</b>
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<b>22</b>		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	<input type="checkbox"/>	Bursary Loan	Yes	<input type="checkbox"/>	Residence	Yes	<input type="checkbox"/>
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<b>23</b>						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	
<b>24</b>	Are you enrolled or do you intend enrolling at another post-secondary institution?			Yes	No
<b>25</b>	Have you ever been refused admission to any post-secondary institution?			Yes	No

<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

**29 APPLICANTS WITH DISABILITIES**

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)			

<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

**33 HIGH SCHOOLS ATTENDED**

School Name	From	To	School Name	From	To	School Name	From	To
<b>34 SCHOOL LEAVING EXAMINATION RESULTS : Year of exam</b>								<b>201811</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  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.**

<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
  - 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:
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Signature of Dean/Head of Department			Date	D	M	YEAR

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DATE RECEIVED

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[STAMP]