



University of Venda

APPLICATION FOR POSTGRADUATE STUDIES FOR 2022

STUDENT NO. :

(If previously registered at the University of Venda)

NAME OF STUDENT:

RETURN THIS FORM BEFORE 31 DECEMBER 2021 i.e. Honours applicants

Application for Masters and Doctoral Studies can be done throughout the whole academic year, and admitted applicants shall register on the dates as indicated on the 2022 University Academic Year Plan.

R100-00 APPLICATION FEE MUST BE PAID AT ABSA BANK ACCOUNT NO. 1 000 000 589 AND STATE YOUR STUDENT NUMBER OR ID. NUMBER as reference. INTERNATIONAL STUDENTS KINDLY USE SWIFT CODE: ABSAZAJJ WITH PASSPORT NUMBERS (I.E. EXCLUDING ALPHABETS) AS REFERENCE. KINDLY ATTACH THE PROOF OF PAYMENT OF APPLICATION FEE SLIP ON THIS APPLICATION FORM. **(NB: Application forms without application fee shall not be considered)**

IF YOU ARE APPLYING AT THE UNIVERSITY FOR THE FIRST TIME, ALSO COMPLETE UNDERGRADUATE APPLICATION FOR ADMISSION FORM.

Application Forms with all supportive documents are to be scanned and sent to the email address: Postgraduate.admission@univen.ac.za

A. APPLICATION PARTICULARS

The University of Venda appreciates your intention to further your studies and staff would like to offer you the most appropriate advice. Because of the fact that we have to limit the number of post graduates due to staff implications and other factors, we have introduced selection procedures. 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/Passport Biodata Page
- (b) Standard 10 (Grade 12) certificate
- (c) Transcript of academic record and certificate of conduct
- (d) Degree(s)/Diploma certificates
- (e) SAQA Evaluation Certificate (If you are an international applicant)
- (f) Status Recognition Form (If qualification was obtained in another Institution)
- (g)

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. Cell. No.
- 1.8. E-mail address:
- 1.9. Occupation:,.....
- 1.10. Have you applied at another University? Yes/No
University:
- 1.11. Have you registered for any post graduate degree/Diploma before?
.....
(At University of Venda or elsewhere)

C. PROPOSED FIELD OF STUDY

- 1. Postgraduate degree you are intending to study.
First Choice: _____
Second Choice: _____
Do you intend to study full or Part-time? _____

	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>6. I declare;</p> <p>6.1 that I conclude this agreement with the knowledge and Consent of my parents/guardians/employer</p> <p>6.2 that all particulars given by me on this form are true and correct.</p>

Student signature:..... Date

FOR OFFICE USE ONLY

D. THE APPLICATION

<input type="checkbox"/>	has been accepted
<input type="checkbox"/>	not accepted
<input type="checkbox"/>	conditionally accepted

Departmental Head Date

Dean Date

Comments (if any).....

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