



STUDENT NO.:								
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APPLICATION FOR RE-ADMISSION 2024

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

RETURN THIS FORM BEFORE **31 OCTOBER 2023**

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

Application form can be sent through postal to:

University of Venda
New Student Administration Building
Student Admissions
Private Bag X5050
THOHOYANDOU
0950
OR

They can be submitted by hand or personal delivery at
New Student Administration Building, Cubicle 1 or 2 or 3.

RE-ADMISSION TO POSTGRADUATE STUDIES

- [Faculty of Health Sciences](#)
 - HS.postgradapplications@univen.ac.za -
- [Faculty of Humanities, Social Sciences and Education](#)
 - HSSE.postgradapplications@univen.ac.za -
- [Faculty of Management, Commerce and Law](#)
 - MCL.postgradapplications@univen.ac.za -
- [Faculty of Science, Engineering and Agriculture](#)
 - SEA.postgradapplications@univen.ac.za

FOR INTERNATIONAL STUDENTS

International.admissions@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:										
1	Postal Address										
						Postal Code					
	Tel. No										

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

Date

Date

Comments by HOD:

HOD's signature

Executive Dean's signature

