



**UNIVERSITY OF
ZULULAND**

RESTRUCTURED FOR RELEVANCE

ADM02

THE REGISTRAR
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Richards Bay Campus: +27 35 902 6923

Email: admissions@unizulu.ac.za

Website: www.unizulu.ac.za

APPLICATION FOR RETURNING STUDENTS/CHANGE OF ACADEMIC PROGRAMME

To be completed by students who interrupted their studies and those wishing to change their academic programme as per University policy, please see Calendar Rule on Interruption of study G (5) (17) (a) (b) (c) and (d)

NB Students are strongly advised to consult the relevant faculty before they complete this form Name of person consulted: _____ Date: _____

Application for Admission for the year	2	0							
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State your Student Number									
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SECTION A:

Returning students (Please complete sections A and D only)

Are you a returning student?	Yes		No		Expected year of completion:	
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Programme to be registered eg. BA	
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What year were you last registered?		Level e.g. 1,2 or 3	
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Reason/s for interruption of your studies:	
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SECTION B:

Programme Articulation and progression for Sub-Degree Qualification: Diploma to Degree Programme (Please complete sections B and D only)

NB Students must ensure that they meet the minimum admission requirements (MAR)

I am in possession of the following **Matriculation Qualification** (Please tick the appropriate box)

NSC Bachelors Senior Certificate with endorsement Senior Certificate

NSC Diploma NSC Higher Certificate NCV Level 4 N5/N6

Old Qualification (e.g. Diploma in Accounting)	
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New Qualification (e.g. B.Com Accounting)	
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SECTION C:

Change of Academic Programme (Please complete sections C and D only)

NB: Students may only change their programmes a year preceding the proposed year of study and must observe the admission requirements of the proposed qualification

Please indicate	Program to be changed	Curriculum (if applicable)	
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Old Qualification e.g. BA Psych		Level e.g. 1,2 or 3	
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New Qualification e.g. B Ed			
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Reason why you wish to change to another programme	
Indicate course, modules for which you want credit for the proposed degree /diploma (if applicable)	

SECTION D:

PERSONAL DETAILS

Surname							
Title e.g. Mr/Miss/Ms/Mrs					Initials		
First Names in Full							
Date of Birth					y	y	d
RSA Identity Number							
Passport Number (For Non SA Citizens Only)							
Email Address							
Cell Phone Number							
Postal Address:					Residential Address (Physical):		
	Postal Code					Postal Code	
Citizenship (for statistical purposes)							
Home Language (for statistical purposes)							

SECTION E:

DECLARATION AND UNDERTAKING

I, (First name(s) and surname)

- am aware of the admission requirements for the proposed degree / diploma
- Undertake, if registered, to adhere to and abide by all the rules and regulations of the University of Zululand as may be set from time to time.
- Confirm that the information contained herein is, to the best of my knowledge, true and correct and that there is no legal obligation on the University of Zululand to accept/ register me as a student and I will only be registered as a student, if I comply with all the regulations and requirements the University may set.
- Students who interrupted (those who are currently not registered) their studies are requested to pay a non-refundable administration fee of R150.00. They must submit the application form on or prior 31 October.
No late applications will be considered.
- Banking details are as follows:
 - Name: University of Zululand,
 - Bank: Absa
 - Account: 1880000035
 - Reference: 6301-32103

Signature:

Date:

SECTION F:

CHECK LIST (Please tick)

Proof payment (those who interrupted their studies)

Certified Identity Document / Passport

Certified Final Matric results / Certificate

Certified Academic Record with Conduct Record

Certified Degree / Diploma Certificate

SECTION G:

FOR OFFICE USE

FACULTY	Yes	No	Date	Signature
Does the candidate qualify for a certificate of complete exemption?				
If No, give reason				
Points obtained in Matric/Grade 12		Points required for admission		
Academic record attached	Yes		No	
2. COMMENTS _____ _____ _____				
Return to Admissions Office on _____				
3. HOD DECISION (if applicable)	Accept		Reject	

Faculty / Department Stamp