ADM04



## ACCEPTANCE OF OFFER FORM 20\_\_\_\_

THE REGISTRAR Private Bag X1001 KWADLANGEZWA 3886 South Africa Kwa-Dlangezwa Campus: +27 35 902 6030/6718 Email: Admissions@unizulu.ac.za Richards Bay Campus: +27 35 902 6950/6923 Private Bag X1041, Richards Bay, 3900 Website: www.unizulu.ac.za

## **RETURN TO THE UNIVERSITY OF ZULULAND BY POST OR EMAIL – SEE DETAILS ABOVE**

Surname				
First Name	s			
CAO Number				Student Number
Address (Physical)				Address (Postal)
Address (next of kin):				Address (To which account must be posted):
Name of Qualification				
Disability	Yes	No		
If Yes Provide Details				
I, (Surname) (First names)				Eirst namos)
(ID number) accept the offer to study at the University of Zululand. I clearly understand that my acceptance does not in any way oblige the University to offer me financial support or student accommodation.				
I fully undertake to pay all monies as may be required and due.				
I understand that I will not be permitted to register without paying the minimum prescribed fee and that my registration is governed by University rules which may change from time to time.				
Signature of applicant				Date
Signature of witness or parent/guardian (if under 18 years)				s) Date