



**UNIVERSITY OF
ZULULAND**

RESTRUCTURED FOR RELEVANCE

ACCEPTANCE OF OFFER FORM 20 _____

THE REGISTRAR
Private Bag X1001
KWADLANGEZWA
3886 South Africa
Kwa-Dlangezwa Campus: +27 35 902
6051/6177/6718
Email: Admissions@unizulu.ac.za
Richards Bay Campus: +27 35 902
6950/6923/6977/6924 Private Bag X1041,
Richards Bay, 3900 Website:
www.unizulu.ac.za

RETURN TO THE UNIVERSITY OF ZULULAND BY EMAIL – SEE DETAILS ABOVE

Surname			
First Names			
ID or Passport or CAO Number		Reference Number (if available)	
Address (Physical)		Address (Postal)	
Postal Code		Postal Code	
Email Address			
Contact Number			
Name of Qualification			
Disability	Yes	No	
If Yes Provide Details			
<p>I, (Surname) _____ (First names) _____</p> <p>(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.</p> <p>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.</p>			
Signature of applicant _____		Date _____	
Signature of witness or parent/guardian (if under 18 years) _____		Date _____	