



UNIVERSITY OF
ZULULAND

A NODE FOR AFRICAN THOUGHT

PGRD2

UNIZULU Student Number:

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APPLICATION FOR ACADEMIC ADMISSION TO POSTGRADUATE STUDIES 20.....

A candidate wishing to register for the first time at the University must complete an application form for admission to the University ADM01 as well as this form PGRD2, and submit them together with the following:

- (i) a certified copy of your ID/Passport/study permit
- (ii) a certified copy of your degree and/or diploma certificates.
- (iii) a complete academic record(s) issued by the previous university(ies)
- (iv) a school results/ matric certificate

Candidates for Honours or Master's and Doctoral degrees must carefully read the information enclosed on the application form for admission (ADM01).

NB: If the HoD holds the view (a) that the candidate meets the minimum academic requirements for admission and has the necessary academic maturity to enroll for the degree, (b) that the proposed topic is suitable and (c) that supervision capacity and other resources exist in the Department, the HOD will request the candidate to submit a Statement of Intent.

RENEWAL OF REGISTRATION

Registration is not automatic; all postgraduate students are required to renew their registration annually. If your studies went beyond the prescribed duration, you would have to start your registration from scratch, that is i.e. start from the application process to the approval of your admission and registration.

A. FIELD OF STUDY

DEGREE (e.g., MSc) _____	OFFERINGTYPE (Mark with an X) I. FullTime <input type="checkbox"/> II. PartTime <input type="checkbox"/>
DEPARTMENT (e.g.) Computer Science)	

B. PROPOSED TITLE OF THE MASTER'S DISSERTATION /DOCTORAL THESIS:

C. WERE YOU PREVIOUSLY REGISTERED AT UNIZULU? (Indicate with an X):

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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Private Bag X1001, KwaDlangezwa 3886
T: 035 902 6000 | W: www.unizulu.ac.za

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D. EXPECTED DATE OF COMPLETION _____

YOUR NAME AND ADDRESS TO WHICH CORRESPONDENCE MUST BE DIRECTED:	E-MAIL ADDRESS:
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TITLE: _____ INITIALS: _____ FIRST NAME: _____		
SURNAME: _____		
ADDRESS: _____		
	POSTAL CODE:	TEL:
		CELL: _____

E. ACADEMIC PARTICULARS

DEGREES/DIPLOMAS ALREADY OBTAINED

Year	Degree or Diploma	University/College
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

I HAVE READ THE ENCLOSED INFORMATION FOR POSTGRADUATE STUDENTS

Signature of Applicant:	Date:
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F. RECOMMENDATION OF HEAD OF DEPARTMENT

RECOMMENDED:	NOT RECOMMENDED:
2. RECOMMENDED SUPERVISOR:	RECOMMENDED CO SUPERVISOR: (if any)
2. Signature	Date:

vwm

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