



**UNIVERSITY OF
ZULULAND**

RESTRUCTURED FOR RELEVANCE

PGCE

THE REGISTRAR
Private Bag X1001
KWADLANGEZWA
3886 South Africa
Kwa-Dlangezwa Campus: +27 35 902 6000/6030/6178
Fax: +27 35 902 6033
Richards Bay Campus: +27 35 902 6923
Email: admissions@unizulu.ac.za
Website: www.unizulu.ac.za

APPLICATION FOR ADMISSION IN 20_____
PGCE (POSTGRADUATE CERTIFICATE IN EDUCATION)

Mr/Miss/Mrs:

UNIZULU Student Number:

Full Names:

ID/Passport Number:

Nationality:

Expiry Date of Passport:

Email:

Address:

Tel: (W) _____

(H) _____

Cell _____

ACADEMIC DETAILS

According to Rule E162, all candidates must satisfy the Senate that s/he holds an approved University degree.

Name of University if not UNIZULU:

B Degree obtained or busy with:

Please supply the following information:

1. Subjects You Wish To Teach (Method Courses)

(I) _____ (ii) _____

(lii) _____ (Optional) _____

2. Are you in possession of a bursary? Yes / No
(If yes, please attach a copy of your bursary letter)

3. State briefly why you want to become a qualified teacher

Signature _____

Date _____

Students must return the form to Room 32, Admissions Office, Admin building, Ground Floor, on or before 30 September

NB: It is the responsibility of the candidate to observe the admission requirements of this programme.

P.T.O.

DECLARATION AND UNDERTAKING

I, (First name(s) and surname)

- am aware of the admission requirements for the proposed Postgraduate Certificate
- 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 30 September.
No late applications will be considered.

- Banking details are as follows:

Name: University of Zululand

Bank: Absa

Account: 1880000035

Reference: 6301-32103

Signature: _____

Date: _____

CHECKLIST (Please tick)

Proof of 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

FOR OFFICIAL USE: Faculty of Education

Approved

Not Approved

Dean/HOD _____

Date _____