



**UNIVERSITY OF  
ZULULAND**

**SAF02**

Private Bag X1001  
KwaDlangezwa, 3886  
Private Bag X1041  
Richards Bay, 3900

## **APPLICATION FOR CONFERMENT OF EQUIVALENT STATUS**

### **PERSONAL PARTICULARS**

<b>SURNAME</b>	
<b>FULL NAMES</b>	
<b>IDENTITY NUMBER</b>	
<b>UNIZULU STUDENT NUMBER</b>	

### **ACADEMIC QUALIFICATION(S)**

<b>MATRICULATION CERTIFICATE/ NATIONAL SENIOR CERTIFICATE</b>	
<b>DEGREE/S OBTAINED FOR WHICH CONFERMENT OF EQUIVALENT STATUS IS SOUGHT</b>	
<b>UNIVERSITY WHERE OBTAINED</b>	
<b>YEAR OBTAINED</b>	
<b>MAJOR SUBJECTS</b>	

### **PROPOSED DEGREE**

<b>DEPARTMENT</b>	
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**I HEREBY CERTIFY THAT THE PARTICULARS FURNISHED ABOVE ARE TRUE AND  
CORRECT**

**SIGNATURE OF APPLICANT :** .....

(NOTE : CERTIFIED COPY OF CERTIFICATE TO BE SUBMITTED WITH THIS APPLICATION  
AND PRESCRIBED FEE PAID – ATTACH PROOF OF PAYMENT)

ALL PROSPECTIVE CANDIDATES MUST HAVE COMPLETED THIS FORM BY **1 SEPTEMBER**  
IN THE YEAR PRIOR TO REGISTERING

**FOR OFFICIAL USE**

	Yes/No	Date
Original Certificate received and noted on record		
Status fees paid		
Recommended by Faculty Board		
Approved by Senate		
Approval noted on record		

**FACULTY ADMINISTRATIVE OFFICER/MANAGER**

**I HEREBY CERTIFY THAT I HAVE:**

- A. NOTIFIED THE STUDENT OF THE OUTCOME
- B. UPDATED ON THE SYSTEM

**NAME :** .....

**SIGNATURE :** .....

**DATE :** .....