



**UNIVERSITY OF
ZULULAND**
RESTRUCTURED FOR RELEVANCE

ADM02

THE REGISTRAR
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Email: admissions@unizulu.ac.za
Website: www.unizulu.ac.za

APPLICATION FOR RETURNING STUDENTS/CHANGE OF ACADEMIC PROGRAMME

To be completed by students who interrupted their studies and those wishing to change their academic programme as per University policy, please see calendar rule 2.3 and G (5) (16) (a) (b) (c) and (d)

NB Students are strongly advised to consult the relevant faculty before they complete this form

Name of person consulted: _____ Date: _____

Application for Admission for the year	2	0							
State your Student Number									

SECTION A:

Returning students (Please complete sections A and D only)

Are you a returning student?	Yes		No	
Programme to be registered eg. BA				
What year were you last registered?		Level e.g. 1,2 or 3		
Expected year of completion:				
Reason/s for interruption of your studies:				

SECTION B:

Programme Articulation and progression for Sub-Degree Qualification:
Diploma to Degree Programme (Please complete sections A,B and D only)

NB Students must ensure that they meet the minimum admission requirements (MAR):

I am in possession of the following Matriculation Certificate (Please tick the appropriate box)

NSC Bachelors	<input type="checkbox"/>	Senior Certificate with endorsement	<input type="checkbox"/>	Senior Certificate	<input type="checkbox"/>
NSC Diploma	<input type="checkbox"/>	NSC Higher Certificate	<input type="checkbox"/>	NCV Level 4	<input type="checkbox"/>
N5/N6	<input type="checkbox"/>				
Old Qualification (e.g. Diploma in Accounting)					
New Qualification (e.g. B.Com Accounting)					

SECTION C:

Change of Academic Programme: Please see Rule G (5) (15) (a)(b)(c)(d)(e)(f)(g) and (h)
(Kindly complete sections A,C and D only) NB: Students may only change their programmes a year preceding the proposed year of study and must observe the closing date

Please indicate	Programme to be changed	Curriculum (if applicable)	
Old Qualification e.g. BA Psych		Level e.g. 1,2 or 3	
New Qualification e.g. B Ed			
Reason why you wish to change to another programme			
Indicate course, modules for which you want credit for the proposed degree /diploma (if applicable)			

SECTION D:**PERSONAL DETAILS**

Surname														
Title e.g. Mr/Miss/Ms/Mrs							Initials							
First Names in Full														
Date of Birth							y	y	y	y	m	m	d	d
RSA Identity Number														
Passport Number (For Non SA Citizens Only)														
Email Address														
Cell Phone Number														
Postal Address:							Residential Address (Physical):							
						Postal Code					Postal Code			
Citizenship (for statistical purposes)														
Home Language (for statistical purposes)														

SECTION E:**DECLARATION AND UNDERTAKING**

I, (First name(s) and surname)

- am aware of the admission requirements for the proposed degree / diploma
- 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 their studies (those who are currently not registered) are required to pay a non-refundable application fee: Local students = R150.00; International students = R250.00 They must submit the application form on or prior 31 October. No late applications will be considered.
- Banking details are as follows:
 Name: University of Zululand,
 Bank: ABSA
 Account: 1880000035
 Reference: 6301-32103

Signature: _____ Date: _____

FOR OFFICIAL USE

NOTE : ALL THE ENTRIES BELOW ARE REQUIRED

REMARKS BY THE HEAD OF DEPARTMENT:
NAME OF HEAD OF DEPARTMENT:
SIGNATURE
DEPARTMENT:
DATE :

DECISION OF FACULTY BOARD
MINUTE REF. NO.

FACULTY ADMINISTRATIVE OFFICER/MANAGER
I HEREBY CERTIFY THAT I HAVE:
A. NOTIFIED THE STUDENT OF THE OUTCOME
B. CAPTURED THE RECOGNIZED MODULE/S
NAME: _____
SIGNATURE: _____
DATE: _____

SECTION G:

CHECK LIST (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

SECTION G:

FOR OFFICE USE

1. FACULTY	Yes	No	Date	Signature
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Does the candidate qualify for a certificate of complete exemption?				
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If No, give reason

Points obtained in Matric/Grade 12		Points required for admission	
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Academic record attached	Yes		No	
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2. COMMENTS _____

Return to Admissions Office on _____

3. HOD DECISION (if applicable)	Accept		Reject	
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Faculty / Department Stamp