APPLICATION FOR POSTGRADUATE ADMISSION
(Local and International)

Note: Completed applications for all campuses must be forwarded to the Applications and Information Office at:

**Postal Address**
University of KwaZulu-Natal
Applications and Information Office
Durban
4041

**Physical Address**
University of KwaZulu-Natal
Applications and Information Office
Shepstone Building Level 4
Howard College Campus
King George V Ave/Mazisi Kunene Rd
Glenwood
Durban

FOR OFFICE USE ONLY:

NAME: ____________________________________________

STUDENT NO: ____________________________

DEGREE/DIPLOMA: ______________________________

LOCAL: ______

INTERNATIONAL: ______
Please read these notes before completing the attached application form

1. The non-refundable application fee or proof of payment MUST accompany this application form. Application fees sent by post should be paid by cheque or postal order, not cash. Please ensure that cheques or postal orders are made out to the University of KwaZulu-Natal. International and local applicants. Application fees can be paid by electronic transfer/bank deposit. Please find banking details below.

2. The application form MUST be completed as fully and as accurately as possible to avoid delay in processing. Use names appearing on the identity document when completing the form.

3. The University of KwaZulu-Natal is an English medium university. International students from non-English speaking countries must provide proof of English proficiency. Please refer to the Postgraduate Application Guide for further information.

4. Applicants whose previous degrees were obtained at a foreign university or from universities outside South Africa must have their qualifications evaluated by South African Qualifications Authority (SAQA) prior to submitting an application to the University.

5. If you have attended another university please submit a full academic record or you must arrange for the Registrar of that University to submit to this University a full academic record for all years of study and a certificate of conduct to the University of KwaZulu-Natal (see page 8).

6. If you are applying for a Masters Degree or PhD please contact the relevant school regarding the format of the proposal on your chosen area of research together with your application.

7. International students require a valid study visa to study in SA (See page 8).

8. Please confirm Semester 2 intake with the School.

<table>
<thead>
<tr>
<th>Evaluation:</th>
</tr>
</thead>
<tbody>
<tr>
<td>International applicants are required to have their qualifications assessed by the South African Qualification Authority (SAQA). Please allow for evaluation turnaround time up to three months depending on the rate/amount you have paid. Please refer to the SAQA website. They can be contacted at: Tel: +27 (0)12 431 5070 or Email: <a href="mailto:ceeq@saqa.org.za">ceeq@saqa.org.za</a> or consult: <a href="http://www.saqa.org.za">www.saqa.org.za</a></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Students with Disabilities:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Please contact the Co-ordinator at the Student Counselling Centre for information on services, equipment and support available to students.</td>
</tr>
<tr>
<td>Howard College – Tel: +27 (0)31 260 3070/3140</td>
</tr>
<tr>
<td>Pietermaritzburg – Tel: +27 (0)33 260 5213/5233</td>
</tr>
<tr>
<td>Westville – Tel: +27 (0)31 260 7706/7888</td>
</tr>
<tr>
<td>Edgewood – Tel: +27 (0) 260 3665</td>
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</tbody>
</table>

<table>
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<tr>
<th>Application Fees:</th>
</tr>
</thead>
<tbody>
<tr>
<td>A non-refundable application fee is payable on submission of the application form.</td>
</tr>
<tr>
<td>• SA applicants on-time: R200</td>
</tr>
<tr>
<td>• SA applicants late: R400</td>
</tr>
<tr>
<td>• SADC applicants: R470</td>
</tr>
<tr>
<td>• Countries outside Africa: $146</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>Closing Dates:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Honours and Postgraduate Diplomas – Semester 1: 30 September</td>
</tr>
<tr>
<td>– Semester 2: 30 April</td>
</tr>
<tr>
<td>Masters Coursework – Semester 1: 31 October</td>
</tr>
<tr>
<td>– Semester 2: 30 April</td>
</tr>
<tr>
<td>Masters (Research) and Doctoral studies – no closing dates</td>
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</tbody>
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<tr>
<th>Needing Assistance:</th>
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<tbody>
<tr>
<td>If you need assistance in selecting programmes, choosing your majors, career or personal guidance, or testing you can contact a counsellor at one of our Student Support Services:</td>
</tr>
<tr>
<td>Howard College – Tel: +27 (0)31 260 2668/9</td>
</tr>
<tr>
<td>Pietermaritzburg – Tel: +27 (0)33 260 5233</td>
</tr>
<tr>
<td>Westville – Tel: +27 (0)31 260 7377/751</td>
</tr>
<tr>
<td>Edgewood – Tel: +27 (0)31 260 3653</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Residence Queries:</th>
</tr>
</thead>
<tbody>
<tr>
<td>For all residence queries please phone the relevant campus:</td>
</tr>
<tr>
<td>Edgewood – Tel: +27 (0)31 260 3611</td>
</tr>
<tr>
<td>Howard College – Tel: +27 (0)31 260 2282</td>
</tr>
<tr>
<td>Medical School – Tel: +27 (0)33 260 2082</td>
</tr>
<tr>
<td>Pietermaritzburg – Tel: +27 (0)33 260 2793</td>
</tr>
<tr>
<td>Westville – Tel: +27 (0)31 260 8070</td>
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</tbody>
</table>

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<tr>
<th>Health Care Insurance:</th>
</tr>
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<tbody>
<tr>
<td>(Applicable to International Applicants only)</td>
</tr>
<tr>
<td>In terms of the Immigration Amendment Act 19 of 2004 any prospective student coming to the Republic of South Africa, must provide proof of medical cover with a medical scheme registered in terms of the Medical Schemes Act, 1998 Act 131 of 1998. The University of KwaZulu-Natal thus only accepts South African Medical Health Aid products approved in terms of the Medical Aid Schemes Act referred to above. To comply with the regulations, the University requires proof of full Medical Health Aid cover with either Compmcare Wellness or Momentum Health. Such cover must cover the minimum of hospitalisation, emergencies and day-to-day cover including medicine and doctor’s visits. It is thus advisable to make the necessary financial arrangements for the medical aid cover prior to your entry into South Africa. Compmcare: <a href="http://www.studentplan.co.za">www.studentplan.co.za</a> or Momentum Health: <a href="http://www.ingwehealth.co.za">www.ingwehealth.co.za</a>.</td>
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</tbody>
</table>
APPLICATION
FOR POSTGRADUATE
ADMISSION

FOR OFFICE USE ONLY:
Student no: ____________________________

Fees:
App. Fee Paid: R______________________
Receipt No: __________________________
Date: ________________________________
Into ITS: ____________________________
By: __________________ Date: __________
Selection Decision: ____________________
Date: ________________________________

Have you been registered as a student at University of Natal/University of Durban-Westville/University of KwaZulu-Natal before? YES ☐ NO ☐

If yes, what was your Student No. (if available)? ____________________________

1. DEGREE FOR WHICH APPLICATION IS BEING MADE

Year of entry: ______ Entry Term: Semester: 1 ☐ 2 ☐ Year of study for this degree/diploma (eg. 1st): ______

Degrees/Diplomas/Programmes applying for:

<table>
<thead>
<tr>
<th>Choice Order</th>
<th>Campus</th>
<th>Proposed Degree/Diploma</th>
<th>Majors</th>
<th>Full or part-time</th>
<th>Approved</th>
<th>Date</th>
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<tr>
<td>1</td>
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<td>4</td>
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</tr>
</tbody>
</table>

*For Masters students only

Masters candidates: Is this a Coursework Masters? YES ☐ NO ☐

Medical Practitioners: HPCSA Registration number MP ____________________________

Please ensure that the programme name/s are indicated.

2. PERSONAL DETAILS

Dr/Rev/Mr/Mrs/Miss/Ms: ____________________________ Surname: ____________________________

First Name: ____________________________ Middle Name(s): ____________________________

Maiden Name (if applicable): ____________________________

Gender: Male ☐ Female ☐

Marital Status: Married ☐ Single ☐ Divorced ☐ Widowed ☐

Confidentiality:
Do you wish your name/address to be kept confidential between yourself and the University? Yes ☐ No ☐

Note: Disclosure of information is subject to the Promotion of Access to Information Act and other relevant laws.

Religion: ____________________________ (optional)

Race: African ☐ Coloured ☐ Indian ☐ White ☐ Other ____________________________ (specify)

Home Language: ____________________________

Date of Birth: DAY ______ MONTH ______ YEAR ______

SA ID No.: ____________________________

Persal number (teachers only): ____________________________
3. RESIDENCY

- Are you a permanent resident of SA? [ ] YES [ ] NO
- If not, what is your country of permanent residence? ________________________________

- Passport No.: ________________________________________
  DAY:______ MONTH:______ YEAR:______
- Expiry Date: ________________________________________
  DAY:______ MONTH:______ YEAR:______
- Res Permit No.: ______________________________________
  (if in possession)
- Expiry Date: ________________________________________
  DAY:______ MONTH:______ YEAR:______

4. POST-SCHOOL ACTIVITIES

Present activity (Please tick)

- *University student 01
- Teacher’s Training College 02
- Technikon Student 03
- College of Nursing student 04
- Technical College student 05
- Labour Force (Employed) 07
- Standard 10 pupil/Grade 12 learner 08
- OTHER (________________________________) 09

* If university student, please state name of the last institution in section 9 on page 5 and submit academic record and certificate of good conduct.

NOTE: The code structure has been set up (by ITS) in terms of government reporting requirements.

If you are employed please complete the following:

Name of Company/Institution ________________________________

Address of Company/Institution ________________________________

Postal Address: __________________________________________

Postal Code: ____________________________

Country (if not SA): ____________________________

Contact Telephone Numbers:
Work: Code: ______ No: ______
Home: Code: ______ No: ______
Fax: Code: ______ No: ______
Cell: ______________________
E-mail: ______________________

5. ENGLISH PROFICIENCY

APPLICABLE TO INTERNATIONAL APPLICANTS ONLY

Applicants applying for admission into a degree programme at the University need to demonstrate that they have obtained one of the following levels of English proficiency.

1. A pass in an examination equivalent to English at Home or First Additional language level in the NSC (National Senior Certificate) or at the Higher Grade (First or Second Language) at the South African Senior Certificate level (matriculation).

2. A pass in English language at A-level, or O-level (C-symbol or higher), or the International Baccalaureate or equivalent examination.

3. For international applicants who do not satisfy (1) or (2) above and for whom English is a foreign language:
   - an overall band score of 7.0 on the International English Language Testing System (IELTS) for Postgraduate studies and 6.0 for Undergraduate studies, or
   - a test score of 550 on the paper version of the Test of English as a Foreign Language (TOEFL) or a score of at least 80 on the IBT (electronic) version of the test. See Postgraduate Application Guide for more details.

Scores need to be submitted with application forms.

Name of document: ________________________________________

6. ADDRESS AND CONTACT DETAILS

Postal Address: __________________________________________

Postal Code: ____________________________

Country (if not SA): ____________________________

Physical address (different from postal): ____________________________

Town/City: ____________________________

Country (if not SA): ____________________________

Contact Telephone Numbers:
Work: Code: ______ No: ______
Home: Code: ______ No: ______
Fax: Code: ______ No: ______
Cell: ______________________
E-mail: ______________________
7. NEXT-OF-KIN INFORMATION

Title: ___________________ Surname: ___________________ First Name (or preferred name): ___________________

Relationship: Father [ ] Mother [ ] Spouse [ ] Brother [ ] Sister [ ]
Grandparent [ ] Child [ ] Guardian [ ] Other [ ]

Postal Address: ___________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
Postal Code: ___________________
Country (if not SA): ___________________

Physical address: ___________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
Town/City: ___________________
Country (if not SA): ___________________

Contact Telephone Numbers:
Work: Code: _______ No: _____________
Home: Code: _______ No: _____________
Fax: Code: _______ No: _____________
Cell: __________________________________
E-mail: __________________________________

8. HIGH SCHOOL DETAILS

Year of last school leaving certificate (equivalent to Grade 12): [ ] [ ] [ ]
Name of school certificate/diploma: ___________________
Examination No (if available): ___________________

NB: INTERNATIONAL APPLICANTS TO CHECK EQUIVALENCE WITH MATRICULATION BOARD

Type of Matriculation Exemption already held: (Please tick one)

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>Full Exemption</td>
</tr>
<tr>
<td>03</td>
<td>Ordinary Conditional</td>
</tr>
<tr>
<td>04</td>
<td>Mature Age Exemption</td>
</tr>
<tr>
<td>05</td>
<td>Foreign Exemption</td>
</tr>
<tr>
<td>06</td>
<td>Immigrants Exemption</td>
</tr>
<tr>
<td>07</td>
<td>Other Senior Certificate</td>
</tr>
<tr>
<td>08</td>
<td>NTC3/N3/NSC</td>
</tr>
<tr>
<td>09</td>
<td>Standard 10 Practical</td>
</tr>
<tr>
<td>10</td>
<td>Other</td>
</tr>
<tr>
<td>11</td>
<td>Discretionary Provision (Senate exemption)</td>
</tr>
</tbody>
</table>

NOTE: The code structure has been set up by ITS in terms of government reporting requirements.

Year | School Name | From | To | Examination Authority | Grades/Forms Passed |
-----|-------------|------|----|-----------------------|---------------------|
1     |             |      |    |                       |                     |
2     |             |      |    |                       |                     |

9. POST SCHOOL ENROLMENT

<table>
<thead>
<tr>
<th>Institution Name</th>
<th>Name of Degree/Diploma/Certificate</th>
<th>Completed</th>
<th>Award Date</th>
<th>Years Attended</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Yes/No</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>From/To</td>
<td></td>
</tr>
</tbody>
</table>

1   | 2   | 3   | 4   | 5   | 6   |

Have you ever been refused entry to, expelled or excluded from another institution? YES [ ] NO [ ]
If “Yes”, please provide the details. If previously registered, please provide documentary proof

Have you ever been refused entry to, excluded or expelled from a residence of any university, college or technikon? YES [ ] NO [ ]
If “Yes”, provide the details: (use separate paper if required) ____________________________________________________________
10. MEDICAL INFORMATION

10.1 DISABILITY INFORMATION

The University is sensitive to the needs of students with disability, and will attempt to provide support where possible.

Do you have any disability, physical or otherwise, that might require support? YES ☐ NO ☐ If “Yes”, please indicate:

Person with a Visual Impairment
- Blind ☐
- Partially sighted ☐

Person with a Hearing Impairment
- Partially deaf ☐
- Mild to moderately deaf ☐

Person with a Physical Impairment
- Uses a wheelchair ☐
- Uses crutches/callipers ☐
- Persons with paraplegia/quadruplegia/hemiplegia/post-polio paralysis ☐
- Other (please specify) ☐

Persons with a Disability
- Persons with Diabetes ☐
- Persons with Epilepsy ☐
- Persons with Cerebral Palsy ☐
- Persons with Intellectual/Psychiatric/Psychological Impairment ☐
- Persons with Medical/Chronic Ailments that require support (Please specify) ☐
- Other (Please specify) ☐

10.2 COMPULSORY FOR INTERNATIONAL APPLICANTS ONLY

Health Insurance

I ____________________________ (name) confirm that I will/have applied for medical cover with a medical scheme registered in terms of the Medical Schemes Act, 1998 Act 131 of 1998.

11. RESIDENCE APPLICATION

Do you wish to apply for admission to University Residence? YES ☐ NO ☐

If yes, which Campus? Howard College ☐ Pietermaritzburg ☐ Edgewood ☐ Medical School ☐ Westville ☐

If you are unsuccessful in obtaining accommodation in a University Residence, where will you stay?

12. FUNDING OF STUDIES

How do you propose to finance your studies?

______________________________

NOTE: A REGISTERED STUDENT IS RESPONSIBLE FOR PAYMENT OF ALL FEES EVEN IF FUNDED BY A SPONSOR.

13. DECLARATION AND UNDERSTANDING

To be completed with the assistance of Parent/Guardian where applicant is under 18 years of age (a minor).

If my application is successful and I accept the offer of a place to study at the University of KwaZulu-Natal, I warrant that the information contained herein is true and correct and the University shall be entitled to declare the contract void and cancel my enrolment if I have made any misrepresentation or omission on this application.

________________________________________________________________________________________

Signature parent/guardian Date
This section to be completed by the HEAD OF DISCIPLINE in which you intend to register

DISCIPLINE OF STUDY (not dissertation/thesis title): For Research Masters and doctoral candidates
______________________________________________
______________________________________________________________________________________________________________________________________

COURSE WORK REQUIRED: For Course Work Masters only:
_______________________________________________________________________________

IS ADMISSION TO STATUS REQUIRED?  Yes             No
If 'YES, to which degree?
_______________________________________________________________________________________________________________

ADMISSIONS UNDER SPECIAL CONDITIONS
NOTE: Where a candidate holds an appropriate equivalent degree from another University College, admission under special conditions will be a technicality and a statement to this effect is all that is required here. A detailed motivation MUST accompany this form for all special condition cases which are not of a routine ‘technical’ nature.

Please attach full CV in area of specialisation and supporting documentation.

ADDITIONAL COMMENTS:
_____________________________________________________________________________________________________________
______________________________________________________________________________________________________________________________________
______________________________________________________________________________________________________________________________________

SUPERVISOR         Name:______________________  Staff number:__________________ School/Programme:______________________________________

CO-SUPERVISOR   Name:______________________  Staff number:__________________ School/Programme:______________________________________

I have considered
(a) the viability, nature and extent of the project
(b) the suitability of the candidate
(c) the availability and suitability of supervision
(d) the nature and extent of the necessary resources and I recommend that the candidate be accepted for the degree.

SIGNATURE OF ACADEMIC LEADER OF RESEARCH:_________________________ DATE:_________________________

DECISION BY DEAN/HEAD OF SCHOOL: ___________________ SIGNATURE:_________________________ DATE:_________________________

Considered by:  HIGHER DEGREES SUB-COMMITTEE ON:

Approved by:  COLLEGE BOARD ON:

CHECKLIST

Please ensure that the following relevant certified documents are enclosed with this application

• Have you indicated your choice of degree/diploma and campus? YES  NO
• Have you enclosed the non-refundable application fee? YES  NO
• Have you enclosed all the required documentation:
  – Copy of ID Document/Passport YES  NO
  – Academic Record (including conduct certificates if studied previously) YES  NO
  – Degree Certificate (if studied previously) YES  NO
  – Senior Certificate/Matric Certificate/O/A Levels or relevant school leaving qualification/certificate YES  NO
  – Copy of SAQA Certificate YES  NO
  – Residency/Temp Residency Permits YES  NO
  – English Proficiency proof YES  NO
• Have you read and understood the medical insurance requirements (applicable to International Students only)? YES  NO
• Have you completed the residence section (10) if applicable? YES  NO
• Have you filled in the application form in full? YES  NO

FOR OFFICIAL USE

Please ensure that the following relevant certified documents are enclosed with this application:

• Have you indicated your choice of degree/diploma and campus? YES  NO
• Have you enclosed the non-refundable application fee? YES  NO
• Have you enclosed all the required documentation:
  – Copy of ID Document/Passport YES  NO
  – Academic Record (including conduct certificates if studied previously) YES  NO
  – Degree Certificate (if studied previously) YES  NO
  – Senior Certificate/Matric Certificate/O/A Levels or relevant school leaving qualification/certificate YES  NO
  – Copy of SAQA Certificate YES  NO
  – Residency/Temp Residency Permits YES  NO
  – English Proficiency proof YES  NO
• Have you read and understood the medical insurance requirements (applicable to International Students only)? YES  NO
• Have you completed the residence section (10) if applicable? YES  NO
• Have you filled in the application form in full? YES  NO

This section to be completed by the HEAD OF DISCIPLINE in which you intend to register

DISCIPLINE OF STUDY (not dissertation/thesis title): For Research Masters and doctoral candidates

COURSE WORK REQUIRED: For Course Work Masters only:

IS ADMISSION TO STATUS REQUIRED?  Yes             No
If 'YES, to which degree?

ADMISSIONS UNDER SPECIAL CONDITIONS
NOTE: Where a candidate holds an appropriate equivalent degree from another University College, admission under special conditions will be a technicality and a statement to this effect is all that is required here. A detailed motivation MUST accompany this form for all special condition cases which are not of a routine ‘technical’ nature.

Please attach full CV in area of specialisation and supporting documentation.

ADDITIONAL COMMENTS:

SUPERVISOR         Name:______________________  Staff number:__________________ School/Programme:______________________________________

CO-SUPERVISOR   Name:______________________  Staff number:__________________ School/Programme:______________________________________

I have considered
(a) the viability, nature and extent of the project
(b) the suitability of the candidate
(c) the availability and suitability of supervision
(d) the nature and extent of the necessary resources and I recommend that the candidate be accepted for the degree.

SIGNATURE OF ACADEMIC LEADER OF RESEARCH:_________________________ DATE:_________________________

DECISION BY DEAN/HEAD OF SCHOOL: ___________________ SIGNATURE:_________________________ DATE:_________________________

Considered by:  HIGHER DEGREES SUB-COMMITTEE ON:

Approved by:  COLLEGE BOARD ON:
Study Visa Requirements

All students planning on studying in South Africa for a semester or year are required to obtain a study visa before leaving their country. The South African consulate issues the visa. To apply for a study visa, you will need a valid passport, a letter of acceptance from the University, letter from the University in support of visa application, proof of health insurance, a deposit for repatriation, a return air ticket and money for the cost of a study visa.

For detailed information on study visas please refer to the Undergraduate Prospectus for more information.

International School and short-term programme participants need to obtain an endorsed visitor’s visa before leaving their country. To obtain the endorsed visitors’ visa, you will need an acceptance letter from the University of KwaZulu-Natal, proof of health insurance, and money for the cost of the whole programme. Some nation’s citizens do not require a visa to enter South Africa for a period less than 90 days. You will need to present the letter of acceptance from the institution/university, at the port of entry.

Certificate of Conduct

If no conduct indicator is available on the official transcript, an official document is required from the institution indicating that the applicant was not found guilty of any misconduct during the period of study at that institution.

General Information

By submitting this form you are giving UKZN permission to process and assess your personal information for any purpose connected with this application and to verify any information contained herein.

The University is committed to maintaining your privacy at all times.

Do you wish your personal information to be kept confidential between yourself and the University?  

[ ] YES  [ ] NO

Note: Disclosure is subject to the Promotion of Access to Information Act, Protection of Personal Information Act and other relevant laws.

Did any of your immediate family study at this University?  

[ ] YES  [ ] NO

If yes, state relationship to you: __________________________

Banking Details

South African
Account holder: University of KwaZulu-Natal
Name of Account: UKZN Main
Type of Account: Business Current Account
Bank: Standard Bank
Branch: Westville
Branch no: 045426
Bank Acc. no: 05 308 0998
Reference: F00 1 11402 with applicant’s full name

International
Account holder: University of KwaZulu-Natal
Name of Account: UKZN Foreign Deposit
Type of Account: Business Current Account
Bank: Standard Bank
Branch: Westville
Branch no: 045426
Bank Acc. no: 05 308 2826
Reference: F00 1 11402 with applicant’s full name

Please state your name and surname clearly on the deposit slip and attach proof of payment on the Application Form.

Applications and Information Office  
www.ukzn.ac.za

March 2017