

**APPLICATION FOR ADMISSION  
Postgraduate 2023 (Masters and Phd)**

**This is an APPLICATION to study at the University of Fort Hare in 2023**

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| **CLOSING DATE FOR ALL APPLICATIONS: MONDAY, 31 OCTOBER 2022** |

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| **TAKE NOTE** | **ALL INCOMPLETE APPLICATION FORMS WILL NOT BE PROCESSED AND THE APPLICANT’S ADMISSION TO ACADEMIC PROGRAMMES AS WELL AS PLACEMENT IN A RESIDENCE WHERE APPLICABLE) COULD BE DELAYED** |

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| **APPLICATION FEES:** | Non-refundable fee of R120.00 closing Monday, 31 October 2022 **R250.00 LATE APPLICATION FEE: 01 NOVEMBER – 30 NOVEMBER 2022** |
| **RESIDENCE:** | Non-refundable fee of R120.00 closing Monday, 31 October 2022 |

**BANKING DETAILS**PLEASE ATTACH THE ORIGINAL DEPOSIT SLIP TO YOUR APPLICATION FORM

• **Bank:** Standard Bank

**• Branch:** Alice

**• Branch Code:** 05 01 19

**• Account Name:** University of Fort Hare

**• Account Number:** 28 210 1357

**• Reference:** Applicant’s full name

**• Swift Code:** SBZAZAJJ

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| **1. PERSONAL DETAILS** |

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| --- | --- | --- | --- |
| **TITLE** |  | **ID/PASSPORT NO.** |  |

|  |  |
| --- | --- |
| **FIRST NAMES:** |  |

|  |  |
| --- | --- |
| **SURNAME:** |  |

|  |  |
| --- | --- |
| **MARITAL STATUS:** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **GENDER:** |  | MALE |  | FEMALE |

|  |  |  |
| --- | --- | --- |
| **DATE OF BIRTH:** | Dd/mm/yyyy |  |

|  |  |
| --- | --- |
| **STUDENT NUMBER** |  |

**CHECKLIST**

ONE (1) CERTIFIED COPY of each of the following documents must be attached:  
(such documents become the property of the University of Fort Hare and will not be returned)

|  |  |
| --- | --- |
|  | Identity Document |
|  | Marriage Certificate (if applicable) |
|  | Original Proof of payment of application fee |
|  | Matric Certificate |
|  | SAQA clearance certificate (foreign student) |
|  | Academic Record, including proof that the Certificate of Conduct has been requested from the previous University / University of Technology / Technikon if you had registered at another institution |

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| **2. CONTACT DETAILS** |

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| **2.1 APPLICANT’S DETAILS** |

|  |  |  |
| --- | --- | --- |
| **TELEPHONE NUMBERS:** |  | Home |
|  |  | Work |

|  |  |
| --- | --- |
| **CELLPHONE NUMBER:** |  |
| **NB: SMS messages will be sent to this number** | |

|  |  |
| --- | --- |
| **EMAIL ADDRESS:** |  |

|  |  |  |
| --- | --- | --- |
| **POSTAL ADDRESS** (WHERE MAIL MUST BE DELIVERED) |  |  |
|  |  |  |
|  |  |  |
|  | **Postal Code** |  |
| NB: Take note that acknowledgements of receipt and other communications will be sent to the above-mentioned address | | |

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| **RESIDENTIAL ADDRESS** (No postal address must be indicated here) |  |  |
|  |  |  |
|  |  |  |
|  | **Postal Code** |  |

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| **2.2 NEXT OF KIN DETAILS: (COMPULSORY)** |

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| --- | --- | --- | --- | --- | --- |
| **SURNAME:** |  | **INITIALS:** |  | **TITLE:** |  |

|  |  |
| --- | --- |
| **RELATIONSHIP:** |  |

|  |  |  |
| --- | --- | --- |
| **TELEPHONE NUMBERS:** |  | Home |
|  |  | Work |

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| **CELLPHONE NUMBER:** |  |

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| --- | --- |
| **EMAIL ADDRESS:** |  |

|  |  |  |
| --- | --- | --- |
| **RESIDENTIAL ADDRESS** (No postal address must be indicated here) |  |  |
|  |  |  |
|  |  |  |
|  | **Postal Code** |  |

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| **3. ADDITIONAL INFORMATION FOR REPORTING TO THE DEPARTMENT OF EDUCATION** |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **3.1 ETHNICITY** |  | African |  | Asian |  | Coloured |  | White |

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| **3.2 LANGUAGES (mark where applicable)** |

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| --- | --- | --- |
|  |  | **Home Language** |
|  | Afrikaans |  |
|  | English |  |
|  | isiNdebele |  |
|  | isiXhosa |  |
|  | isiZulu |  |
|  | seSotho |  |
|  | seSotho sa Lebowa |  |
|  | Setswana |  |
|  | siSwati |  |
|  | Tshivenda |  |
|  | Xitsonga |  |
|  | Other |  |

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| **3.3 Are you employed?** |  | Yes |  | No |

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| **4. Any disability or special educational needs:** |  | Yes |  | No | If YES please complete below |

|  |  |
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| **CONFIDENTIAL** | **Students with disabilities/ special educational needs:** |

The unit for Students with Disabilities provides support services for students with disabilities. Please provide the following information to enable the University to offer maximal support to students with special needs:

**Disability:**

|  |
| --- |
| **Please briefly indicate your type of disability and special requirements:** |
| **This information will not compromise your application.  Do you have any disabilities/medical condition(s)? Indicate your choice with an x. Yes No  If yes, please specify your disability type:  ………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………… Every reasonable attempt will be made to provide you with the assistance you may need as a result of your disability.   You are required to submit supporting documentation with your application.** |

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| **Did you apply for residential accommodation?** |  | Yes |  | No |
| **5. ACADEMIC DETAILS** | | | | |

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| **LEVEL OF STUDY** |  | Masters |  | Doctoral |

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| **DEGREE / DIPLOMA FOR WHICH APPLICATION IS BEING MADE** | First Choice: |  |
| Second Choice: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **RESEARCH OR STRUCTURED DEGREE** | *For a research degree, the curriculum requires that you compile a dissertation/ thesis. For a structured degree, the curriculum requires that you attend classes and compile a mini-dissertation.  If you are uncertain what the curriculum requirements are, please contact your particular Department.* | | | |
|  | RESEARCH |  | STRUCTURED |

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| **CAMPUS** |  | Alice |  | Bhisho |  | East London |

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| --- | --- | --- | --- | --- |
| **TYPE OF STUDY** |  | Full Time |  | Part Time |

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| --- | --- | --- | --- | --- |
| **PREVIOUS YEAR’S ACTIVITY** |  | Post School College |  | Scholar |
|  | University of Technology (Technikon) |  | University |
|  | Working (employed) |  | Unemployed |

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| **6. FINANCIAL AID (only for RSA citizens):** |  | **YES** |  | **NO** |

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| **7. FILL IN IF YOU HAD REGISTERED AT ANOTHER UNIVERSITY / TERTIARY INSTITUTION IN   THE PAST** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **NAME(S) OF UNIVERSITY (TIES) OF TECHNOLOGY (TECHNIKON(S) COLLEGE(S)** | **DEGREE / DIPLOMA OBTAINED** | **YEAR(S) OF REGISTRATION** | | **STUDENT NUMBER** |
| **FROM** | **TO** |
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| HAVE YOU EVER BEEN PROHIBITED FROM PROCEEDING WITH YOU STUDIES AT ANY UNIVERSITY / UNIVERSITY OF TECHNOLOGY (TECHNIKON) / COLLEGE? | |  | **YES** |  | **NO** |
| IF SO, WHERE? |  | | | | |

**8. CONCURRENT REGISTRATION AT THIS AND / OR ANOTHER HIGHER EDUCATION INSTITUTION**

A student enrolled at this university may only with the permission of the Dean / Deans be registered simultaneously at / for more than one (1) qualification / institution.

**DECLARATIONS WHICH MUST BE COMPLETED AND SIGNED**

DECLARATION BY STUDENT (COMPULSORY)

I hereby surrender all rights to which I am or may be entitled to discharge amounts due to the University.

|  |  |
| --- | --- |
| **Signature of student:** |  |
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| --- | --- |
| **Date:** |  |

**DECLARATION BY APPLICANT**

I hereby declare:

Should my application be successful, I undertake to:

(a) Comply with the general rules and regulations of the University of Fort Hare.

(b) Inform the Registrar immediately, in writing, of any change of address.

(c) Acquaint myself with the general rules and regulations relating to the programme for which I am accepted.

(d) I am fully aware that the University of Fort Hare is under no obligation to provide either financial assistance or accommodation of any kind.

(e) I acknowledge that all fees have been determined by the Council of the University of Fort Hare.

(f) I agree that the relevant fees will be paid, as indicated in the Prospectus, by the due dates. If such fees are not paid, I acknowledge the rights of the University to cancel my registration at any time and to claim payment of the amounts owing by me and/ or my guardian.

(g) I declare that all particulars given by me on this form are true and correct.

(h) I agree that any misrepresentation due to information entered on this form or the withholding of information, shall cause this application to become void or voidable at the discretion of the University without prejudice to its rights.

(i) Should I, during the course of my studies, at the University, sustain any injuries or contract any illness or suffer any loss or damages, I hereby undertake not to institute any claim against the University on account thereof, irrespective of the cause of such damages or loss. In the event of my death during the course of my studies, this undertaking shall be binding on the executor of my estate and my heirs and successors-in-title. Under the circumstances referred to above, I, or my executor, administrator, heirs, and successors-in-title (in the event of my death) hereby indemnify the University in respect of any damages suffered by me arising from any of the cause referred to above.

(j) I understand that meeting the minimum admission requirements is no guarantee for admission. The University has other considerations, e.g. academic merit, quotas for academic programmes, equity, etc.

I acknowledge that I have read this document, understand its contents and agree to its terms and conditions. I further acknowledge that I am signing this agreement freely and voluntarily.

|  |  |
| --- | --- |
| **Signature of student:** |  |
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| --- | --- |
| **Date:** |  |

***OFFICE USE ONLY***

**PROOF OF ADMISSION FOR POSTGRADUATE STUDIES FROM THE SPECIFIC DEPARTMENT**

|  |  |  |
| --- | --- | --- |
| I, |  | (please print) hereby confirm that student |

|  |  |
| --- | --- |
| Name: | Student Number: |
|  |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | Fully complies with the prerequisites of the qualification and CAN be admitted to study: | | |
|  |  | at the Department of: |  |

|  |
| --- |
| **Or** |

|  |  |  |  |
| --- | --- | --- | --- |
|  | Provisionally complies with the prerequisites of the qualification and can be admitted to study: | | |
|  |  | at the Department of: |  |

|  |  |
| --- | --- |
|  | Provided that: |
|  |  |

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| **Or** |

|  |  |  |  |
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|  | Rejected as does NOT comply with the prerequisites of the qualification and CANNOT be admitted to study: | | |
|  |  | at the Department of: |  |

|  |
| --- |
| **Or** |

|  |  |  |  |
| --- | --- | --- | --- |
|  | Cannot be admitted to study: |  | As the program is full. |

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| **Signature of Department Head/  Programme Director:** |  |
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| --- | --- | --- | --- |
| Tel no: |  | Email: |  |

|  |  |
| --- | --- |
| Date: |  |

|  |  |
| --- | --- |
| **FREQUENTLY ASKED QUESTIONS** | **ANSWER** |
| Where do I email the filled in application form? | Email your application with all the required documents (proof of application fee payment, proof of residence fee payment, ID copy and results) to [**applications2023@ufh.ac.za**](mailto:applications2023@ufh.ac.za)**. Your application will not be processed without these, and please always keep your original proof of payment slips, especially for residence as this is also required during registration.** |
| Whom do I contact if I have accommodation/ residence inquiry? | Email [mnjoba@ufh.ac.za](mailto:mnjoba@ufh.ac.za) for Alice campus enquiries;  Email [lmvunyiswa@ufh.ac.za](mailto:lmvunyiswa@ufh.ac.za) for East London campus enquiries |
|  |  |
| Whom do I contact for Faculty related enquiries? | Email the ff Faculty Managers  Law: [amkiva@ufh.ac.za](mailto:amkiva@ufh.ac.za);  Science & Agriculture: [msmith@ufh.ac.za](mailto:msmith@ufh.ac.za);  Management & Commerce: [lsitebe@ufh.ac.za](mailto:lsitebe@ufh.ac.za);  Social Science & Humanities: [zmnguni@ufh.ac.za](mailto:zmnguni@ufh.ac.za);  Education: [nmagocoba@ufh.ac.za](mailto:nmagocoba@ufh.ac.za);  Health Sciences: [pnhlumayo@ufh.ac.za](mailto:pnhlumayo@ufh.ac.za) |
| Whom do I contact for any other registration related questions? | Email [admissions@ufh.ac.za](mailto:admissions@ufh.ac.za) |

|  |  |
| --- | --- |
| **Contact Details** |  |
| Alice Campus  East London Campus  Bhisho Campus | Tel: 040 602 2281 / 2053 / 2512 / 2174 / 2631  Tel: 043 704 7004 / 7155 / 7266 / 7139 / 7279  Tel: 040 608 3470 / 3480 |

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| ***2023*** | **APPLICATION FOR RESIDENCE**  **ACCOMMODATION** |

|  |  |
| --- | --- |
| **Surname:** |  |
| **First Names:** |  |
| **Identity Number:** |  |
| **Degree Applied for:** |  |
| **Student Number:** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Campus:** |  | ALICE |  | EAST LONDON |
| **Gender:** |  | MALE |  | FEMALE |

**With my signature, I declare that the above information is correct.**

|  |  |
| --- | --- |
| Signature of applicant: |  |
|  |  |

|  |  |
| --- | --- |
| Date: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **For Office Use Only** | | | | |
| Residence Allocation |  | Yes |  | No |
| Name of Residence: |  | | | |
| Room Number: |  | | | |
| Signature of Official: |  | | | |
| Date: |  | | | |

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| **1. PLACEMENT PROCEDURE** |

* 1. Once a completed application form has been returned, the applicant’s name will be placed on the application list of the residence of first choice.
  2. Applications will be selected on application date, admission criteria and diversity targets.
  3. Once an applicant is selected, a written offer of accommodation will be sent, including information regarding procedure, conditions, etc.
  4. If the applicant is not selected for any residence, his/ her name will remain on the application list of the residence of first choice for possible consideration during future placement opportunities.
  5. Placement in a residence does not imply that admission to any academic degree, diploma or certificate course, or selection course has been obtained. All prospective students’ final acceptance and eventual registration as students remain subject to compliance with the necessary admission requirements of the UFH.
  6. All residence related enquiries should be directed to Residence Manager at: 040 602 2040