

Checklist for applicants

(Please note that your application form cannot be processed if you have not included all the relevant documents. Please use the checklist below to ensure that you have included all the required documents before you submit your application form).

- Certified copy of your ID document/Passport copy: for international students
- Certified copy of matric certificate/school leaving results
- Certified copies Diploma/Degree certificate(s)
- Academic record(s) and certificate(s) of conduct from previous institution (with English translations where applicable)
- Certified copy of marriage certificate (where applicable)
- Proof of payment of your application fee
- A synopsis of the intended field of research (for research master's/doctoral candidates only)
- An abstract of your Master's degree research dissertation or treatise (for doctoral candidates only)
- Proof of having completed a course in research methodology (if applicable)
- SAQA certificate for qualifications obtained at a non-South African institution

1. Application (all qualifications) for academic admission: 20 intake (please indicate year)

No application fees for South-African applicants.

Online as well as manual applications.....FREE

Before completing the application form, please take note of the minimum admission requirements for the qualification that you are applying for (Website: www.mandela.ac.za/application) or refer to the relevant course guide.

Please note: applications for postgraduate study are open throughout the year, however, various programmes have various closing dates so please check with the relevant faculty before applying.

2. International students

International Student Fees.....R500

You may remit your application fee by telegraphic transfer or bank draft. The bank details are as follows:

Account name:	Nelson Mandela University – Main	Account no.:	080263011
Bank name:	Standard Bank	Bank swift code:	SBZAJJ
Bank address:	Rink Street, Port Elizabeth, South Africa	Internet banking code:	051001
Nelson Mandela University ref. no:	5350 4605 & Student name	Branch code:	050417

Student name & passport number: Please state on deposit slip

All enquiries with regard to application, admission, orientation, accommodation, study permits etc can be sent to international@mandela.ac.za or you can visit their website at www.mandela.ac.za/international or contact the international Admissions Office at +27 (41) 504 2161.

3. Students transferring from other tertiary institutions

If you were previously registered at other tertiary education institutions, other than Nelson Mandela University, you need to submit a **full academic record and certificate of conduct issued** by each institution at which you were registered. This statement must indicate all modules passed and failed and modules for which you are currently registered. Students who studied at the Port Elizabeth campus of the former Vista University before 2004 must obtain an academic record and a certificate of conduct from UNISA. (Tel: 086 167 0411 or e-mail: undergrad@unisa.ac.za)

4. Postgraduate funding

Consult with the Research Capacity Development Office at RCD@mandela.ac.za or 041 504 2358 for Honours, Masters and Doctoral funding. Applicants need to be aware that postgraduate funding opportunities are highly competitive and furthermore, the majority of calls for applications become available during the previous academic year.

5. Students living with special needs/disabilities

We strive to ensure that all campus facilities are accessible to students living with special needs/disabilities. Every reasonable attempt will be made to provide students with the assistance they may require. Disability status is confidential. However, if the university is not aware of the special need/disability, we will not be in a position nor obliged to make reasonable accommodations. If the special need/disability is not self-evident, the institution may require the applicant to disclose sufficient information to confirm the special need/disability or to ensure that reasonable accommodation is granted.

For more information on accessibility and how your particular special need/disability can be accommodated, you are advised to contact the Disability Office, on 041 504 2562/2313/4756 or e-mail: disability@mandela.ac.za as early as possible. Early enquiries during the year preceding application are encouraged, to ensure that requests can be reasonably accommodated.

6. Residence applications

- To apply for a place in the residence please complete Section H at the end of the application form.
- Please note that indicating that you require accommodation does not guarantee you a place in the residences as residence accommodation is limited.
- Applications for residence accommodation is subject to a selection process.
- No student will be admitted to residence until she/he has been academically admitted to a university programme.
- Please include proof of your current residential/ home or postal address with your application form.

7. Changes after submitting an application

Kindly advise the Admissions Office in writing if your address should change or if you would like to change qualification after submitting this form. You are advised to contact the Admissions Office at 041 504 2593/1111/3619, should you decide not to proceed with your application.

8. Student number

Please use your student number when corresponding with the university. This student number will appear in all future correspondence that you receive from the university.

9. Medium of instruction and academic activities

Tuition is presented in English. Academic activities take place from Monday to Friday and when necessary, on Saturdays.

10. Selection of Post Graduate candidates

Submission of a completed application form does not mean that you have been accepted as a student, or that you may register. All applicants will be notified of the outcome of their application. All prospective students are selected in accordance with the admissions policy of the university. Certified copies of the required certificates must be attached to your application form. **Prospective students will be notified via sms and can also track their application online (www.mandela.ac.za/application)**

Please do not send original certificates in the post.

Acceptance as a student does not mean that you have also been accepted at one of the residences or that you will automatically qualify for post graduate funding

APPLICATION FOR ADMISSION

Instructions

Use CAPITAL LETTERS to complete this form or place an X in the correct box. Please use a black pen. Kindly complete the form in FULL and answer all the questions. Application forms that are not completed and do not include the required documentation may not be processed. In this case your application form will be returned to you which may delay the application process.

SECTION A

Personal details

Title..... Initials..... Surname

First names in full.....

Maiden name (if applicable)

Date of birth Identity number.....

Marital status Single

Married

Divorced

Widowed

Gender Male

Female

Home language.....

Nationality / residence status

South African citizen

Foreign with temporary residence permit

Foreign with permanent residence permit
Foreign applicants must submit proof of permanent residency

Foreigner not resident in South Africa

If you are not a citizen of South Africa kindly indicate

Passport number Expiry date.....

Population group (information required by the Department of Higher Education & Training in respect of SA citizens only)

Black

Coloured

Indian

White

Other

Accommodation

Do you require accommodation? Yes No

Accommodation may be provided for full-time registered students

This information will not disadvantage your application

Do you have any disabilities/special needs Yes No

If yes, please indicate:

- Sight (conditions corrected with spectacles are not applicable)
- Hearing (even with hearing aid)
- Communication (talking, listening)
- Physical (moving, standing)
- Intellectual (difficulties in learning)
- Emotional (behavioural or psychological)
- Multiple

Please provide more details regarding your disability/special needs (e.g. partially sighted, wheelchair user, degree of deafness). Every reasonable attempt will be made to provide you with the assistance you may need as a result of your disability. You must provide the university with the necessary information about your disability/special need status at the time of your application by completing and attaching the disability/special need assessment form. You are required to submit supporting documentation with your application. The relevant form will be posted to you or can be downloaded from the admissions office webpage.

Please provide more information if you have ticked any of the above.

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This section must be completed by all applicants in full

PLEASE NOTE: It is your responsibility to inform the university in writing should any of these addresses change.

Your postal address

Title..... Name & Surname

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Address

.....

..... Postal code

Tel (Home): Code Number.....

Tel (Work): Code..... Number.....

Fax..... Cell.....

E-mail address

Name and address to which accounts must be mailed

Title..... Initials.....

Surname

Address

.....

..... Postal code

Tel (Home): Code Number

Tel (Work): Code..... Number.....

Fax..... Cell

E-mail address

Your home / residential address
(if different from postal address)

Address

.....

..... Postal code

Next of kin address (e.g. parents, spouse)

Title..... Initials.....

Surname

Address

.....

..... Postal code

Tel (Home): Code Number.....

Tel (Work): Code..... Number.....

E-mail address

SECTION C School Leaving Details

Education Details
(Information required by the Department of Education)

School Leaving Details

Name of School.....

City and Province

Date of Final School Year

Please complete the section if you were previously registered at another university, university of technology or private college. Please supply full particulars of every year of registration, irrespective of whether or not any modules were passed. Certified copies of formal academic qualifications must be submitted. **An original academic record and certificate of conduct must also be submitted.** (with English translations where necessary).

Student no..... from year..... to year

Name of degree / diploma..... Awarded Yes No

Institution..... Country.....

Student no..... from year..... to year

Name of degree / diploma..... Awarded Yes No

Institution..... Country.....

Student no..... from year..... to year

Name of degree / diploma..... Awarded Yes No

Institution..... Country.....

Student no..... from year..... to year

Have you ever been disqualified or refused admission / re-admission at another tertiary educational institution? Yes No

SECTION D

Declaration by postgraduate applicant

Student number

(This section is compulsory)

If I am admitted as a student to the university, I undertake to:

1. Perform such work as may be assigned to me by members of staff and to conform to all the rules and regulations laid down by the university.
2. Acquaint myself with all the rules, policies and procedures applicable to the qualification for which I enrol; I have also acquainted myself with the fees payable as stipulated by the university.
3. I acknowledge that the rules, policies and procedures and instructions referred to in 1 and 2 above are subject to amendment without notice.
4. I undertake to immediately notify the Faculty Administration Office in writing if I change or cancel my registration. I further undertake, if applicable to me, to immediately notify my legal guardian and/or the person who assumes liability for payment of the fees owing by me if I change or cancel my registration and to provide the said person with all accounts received from the university. I further acknowledge that such cancellation is not valid unless given in writing.
5. I am aware that my registration is valid only if it complies with the rules of the qualification concerned, notwithstanding the acceptance of this registration by the university.
6. The fees and conditions shall be determined by the Council and are subject to amendment without prior notice. I undertake to pay all fees prescribed by the university in respect of any module/qualification for which I register, by the due date as well as all other fees, which may be owing by me to the university. I further note and accept liability for payment of interest as stipulated by the university from time to time in the event of my failing to pay fees for which I am liable by the prescribed date. In the event of the university successfully instituting legal action against me for the recovery of any amounts owing, due and payable or the enforcement of any legal rights of the university, I shall be liable to pay all legal costs incurred on an attorney and client scale, including collection commission and interest. I agree that the university may provide me with statements of account and any other communiqués by way of electronic communication through data messages. These data messages may be sent to the cellular number provided by me. I am also prepared to accept such messages at my University student e-mail address or at an alternative e-mail address nominated by myself in writing.
7. I accept that my examination results, certificate/diploma/degree and study record may be withheld under the following circumstances:
 - 7.1. in the event of my student account being in arrears or
 - 7.2. in the event of any disciplinary matter pending against me.
8. I understand that if after registration it is found that my tuition fees or residence account or any other monies including the cost for the replacement of library materials owing to the university have not been paid by the prescribed date, my registration may be cancelled. Failure to pay residence fees by the date stipulated by the university may result in my eviction from the residences.
9. I will immediately notify the Admissions Office, in writing, if I change my address.
10. Should I, during the course of my studies at the university, sustain any injuries or contract any illness or suffer 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, 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 from any of the causes referred to above.
11. I understand and accept that any work produced by me during my studies or research at the university which may be the object of an intellectual property right, as well as any data or information collected or obtained by me, shall remain the property of the university, and I undertake not to alienate, transfer or make known such to any other party without the written permission of the university.
12. I undertake, that should I be admitted to the residence, the university may assume that I have constructive knowledge of all present and future policies and rules relating to residences.
13. The university uses a digital document management system to store and retrieve information. All student records and other correspondence will therefore be converted to a data format and originals may be destroyed after a period of time.
14. The information furnished by me herein is to the best of my knowledge true, correct and complete.
15. An applicant who submits any document in support of this application, which contains a false statement, is altered or forged, will be prosecuted both criminally as well as in terms of the Student Disciplinary Code. The findings of the Disciplinary Committee will be communicated to all other tertiary institutions in the country.
16. I declare that the proposed dissertation or thesis has not been undertaken at another tertiary institution.
17. I declare that I am not currently registered at another tertiary institution.

SIGN HERE APPLICANT

First name(s) Surname

Signed at on the of 20.....

Signature / thumb print

(To be completed only if the applicant is a dependant; or does not / will not have permanent employment must have their legal guardian/parent or surety complete this section and sign on the next page)

Details of parent/legal guardian/surety

Name

Surname

Identity number of parent/legal guardian/surety

Home address

..... Postal code

Home telephone number: Code Number.....

Fax..... Cell.....

E-mail address

Relationship to applicant (eg. father, uncle, aunt etc.)

Employer's name (proof of employment must be provided).....

Employer's address.....

..... Postal code

Work telephone number: Code Number.....

1. I confirm that I am the legal guardian of the applicant and agree to the provisions contained in the declaration of the applicant.
2. I agree to any change in degree, diploma or module that the applicant may take. The university shall not be responsible if the applicant abandons his/her studies or leaves the university.
3. I apply on behalf of the applicant in my personal capacity for his or her registration as a student at the university and hereby bind myself as surety and principal co-debtor for all fees due and payable owing to the university by the applicant.
4. Insofar as it may be applicable to me, I undertake, should the applicant be admitted to the university to:
 - 4.1. comply with all the rules and regulations of the university
 - 4.2. acquaint myself with all the rules, regulations and instructions applicable to the qualification for which the applicant enrolls.
5. I shall be personally liable for payment of all fees, which may become due to the university in terms of this application and I renounce the benefits of exclusion, division and cession of action should any action be taken by the university for the recovery of fees owing, due and payable to the university by either myself or the applicant.
6. I indemnify the university against any claim against the university arising out of any injuries, loss or illness suffered or contracted by the applicant, myself or any third party representing myself or the applicant during the course of or arising out of his/her studies at the university, irrespective of the cause of such damages, illness or loss.
7. I undertake not to institute any claim against the university on account of any injuries or loss suffered or illness contracted by the applicant during the course of or arising during his/her studies at the university.
8. The fees and conditions shall be determined by the Council and are subject to amendment without prior notice. I undertake to pay all fees prescribed by the university in respect of any module for which I register by the due date as well as other fees, which may be owing to the university. I further note and accept liability for payment of interest as stipulated by the university from time to time in the event of my failing to pay fees for which I am liable for by the prescribed dates. In the event of the university successfully instituting legal action against me for the recovery of any amounts owing, due and payable or the enforcement of any legal rights of the university, I shall be liable to pay all legal costs incurred on an attorney and client scale, including collection commission and interest. I have furthermore noted that all accounts in respect of the applicant will be sent to him/her to check for accuracy and that it is the said applicant's duty to make accounts concerned available to me for settlement.

I agree that the university may provide me with statements of accounts and any other communiqués by way of electronic communication through data messages. These data messages may be sent to the cellular number provided by the student. I am also prepared to accept such messages at the students university e-mail address. I also accept that such messages may be received by myself at the cellular or e-mail contact details provided by the student in terms of paragraph 6 of Section F.

9. I understand that the registration of the applicant may be cancelled or examination results may be withheld, if I fail to pay any fees owing, due and payable to the university in respect of the applicant on the due date without any prejudice to any rights, which the university may have in respect of the recovery of such fees.
10. Failure to pay the residence fees by the date stipulated may result in the applicant being evicted from the residences.
11. In the event of the university successfully instituting legal action against me for the recovery of any amounts owing, due and payable or the enforcement of any rights of the university, I shall be liable to pay all legal fees on an attorney and client scale, including collection commission and interest.
12. I declare that I have not been declared insolvent by a competent authority or any court of law on the date of signing this agreement.
13. I declare that the information supplied by me on this form is, to the best of my knowledge, true and correct.

SIGN HERE PARENT/LEGAL GUARDIAN/SURETY

First name(s) Surname

Signed aton the of 20.....

Signature of parent/legal guardian/surety.....

NB: A copy of the first page of the identity document of the parent / legal guardian / surety must be submitted.

WHERE DID YOU HEAR ABOUT OUR UNIVERSITY, OR WHAT MADE YOU DECIDE ON US AS A STUDY OPTION?

Choose as many as are applicable.

- | | | |
|--|--|------------------------------------|
| <input type="checkbox"/> Newspaper adverts | <input type="checkbox"/> From career expo's | <input type="checkbox"/> Facebook |
| <input type="checkbox"/> From your friends or family | <input type="checkbox"/> Visit to the university | <input type="checkbox"/> Twitter |
| <input type="checkbox"/> From the Internet (website) | <input type="checkbox"/> Billboards | <input type="checkbox"/> YouTube |
| <input type="checkbox"/> Radio adverts | <input type="checkbox"/> TV Ad | <input type="checkbox"/> Instagram |

Your employment details (If full-time employment or self employed)

Name of employer Telephone number.....E-mail address.....

Please tick or specify the appropriate industry you work in

- | | | |
|--|---|--|
| <input type="checkbox"/> Agriculture/Forestry | <input type="checkbox"/> Education | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Automotive Components | <input type="checkbox"/> Financial Services | <input type="checkbox"/> Petro/Chemicals |
| <input type="checkbox"/> Automotive Dealers | <input type="checkbox"/> Governmental Local | <input type="checkbox"/> Retail |
| <input type="checkbox"/> Automotive Manufacturing | <input type="checkbox"/> Governmental Regional | <input type="checkbox"/> Technology/ Telecommunication |
| <input type="checkbox"/> Banking | <input type="checkbox"/> Hospitality/ Restaurant Industry | <input type="checkbox"/> Travel/Tourism |
| <input type="checkbox"/> Community/ Social Services | <input type="checkbox"/> Legal | <input type="checkbox"/> Other Manufacturing |
| <input type="checkbox"/> Construction/ Civil Engineering | <input type="checkbox"/> Marketing and Sales | <input type="checkbox"/> Other (please specify) |
| <input type="checkbox"/> Security Services | <input type="checkbox"/> Medical/Health Care | |

Student Name:

Student Number:

For office use only

Recommendation of Head Of Department (please tick the relevant box and complete the form)

Fully complies with the prerequisites of the qualification and CAN be admitted to

Provisionally complies with the prerequisites of the qualification and can be admitted to study provided that:.....

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Does **NOT** comply with the prerequisites of the qualification and **CANNOT** be admitted to study.....

Additional comments:

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Signature of Head of Department:.....Recommended Supervisor / Promoter:.....

Recommended Joint Supervisor / Promoter:.....Acceptance by Supervisor / Promoter:.....

Print Name.....SignatureDate:

For office use only

Office for International Education Credentials Evaluation Comments Accredited Not Accredited

Average Grade for Qualification:

Comparable to SA: Diploma Degree Hons Degree Masters Degree Other:.....

Comments (International Office).....

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Please tick the appropriate representative response:

<input type="checkbox"/>	Applicant invited by Faculty to finalise research proposal (visit at the expense of the STUDENT)	Faculty to indicate date of visit	
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<input type="checkbox"/>	Application pending (request additional information):	
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Faculty representative signature:.....Date:.....

PLEASE RETURN COMPLETED APPLICATION TO THE OFFICE FOR INTERNATIONAL EDUCATION FOR THE ATTENTION POST-GRADAUTE OFFICER (X2161)

All international full research M&D students are required to spend at least nine (9) months on campus during the completion of their qualification, this includes time spent on campus to finalise research proposal.