

SHORT COURSE APPLICATION FORM

NB: This form is only to be used when applying for a Certificate Programme/Course

General Information												
Which programme do y	ou wish to apply fo	r:										
Commencing on (yy/mm/dd):												
Where did you get inf source name (e.g. Na	ormation about th	is course Media or	? Mention Radio statio	the n)								
Personal Name												
Surname												
First name/s												
Title (eg Mr, Mrs)	Date of Birth yy/mm/dd											
Population group	African		Coloured	Ir	ndian	Whi	te	Oth	ner:			
Details required by Government	for Statistical Purposes											
Home language		Gei	nder		Mal	e		Female				
Do you have South Afri	ican citizenship?	Yes	6 N	lo								
RSA ID number												
<i>Or</i> Passport number												
Passport number												
Do you have any disab	ilities?	Yes	s N	lo		If yes, pleanature of o						
Addresses/contact												
Postal Address	Cellular Phone											
							-	Telephor	ne			
Home Address	Fax											
	Post Code											
Work Address	Telephone											
							Fax					
Post Code						Ema	Email address					
Next of Kin										1		
Relationship		Title		Init	ials			Surnam	e 1	Felephone		
										· .		
Education backgroun Detail/name of gualification		l for each	Qualification	<u>,</u>	Na	me of Institu	ution		Data	of Graduatio	00	
	Years registered for each Qualification						Date					
Name of last socondar	v school attandad:					te complete			Subj	octe		
Name of last secondary school attended:-					e complete	-u		Subj	5013			
Do you have a matricul	ation certificate? (y	es or no)										

Professional / work background					
Name of Employer	Years at Company		Position and level (please also indicate if you where		
	Tears at Company		in a management position)		

Describe in detail the major responsibilities in your recent job

Have you applied to other management Schools? Yes No

Funding / sponsor details				
Who will be funding your studies				
If a donor is funding your studies plea	se provid	le the following details		
Postal Address			Cellular Phone	
			Telephone	
Р	Fax			
Name of contact person:			email	
			Name	Signature
Signature or letter attached to conf				

Indemnity and undertaking

LEGAL DECLARATION OF INDEMNITY AND UNDERTAKING

I, THE APPLICANT,

(1) Acknowledge that the University does not accept responsibility for damage or loss in respect of property of the applicant or in respect of property brought onto University premises by the applicant.

(2) Do hereby indemnify the University in respect of any damage caused by the applicant to University property or to the property of third parties, whether on or off the University premises, as a result of the applicant's actions either whilst on the University premises or whilst engaged in any activity related to the University.

(3) Undertake, during the orientation period and for any period during which I am a registered student, to be bound by the rules and regulations of the University for the time being in force, including the rules and regulations of any University residence, club or society to which I may be admitted or become a member and by any requirements or conditions imposed by the University on me as a prerequisite to my registration as a student of the University in any faculty.

(4) Certify that the information provided in this form and all supporting documentation is accurate and acknowledge that furnishing any false information may result in disciplinary proceedings being taken against the applicant.

(5) Declare that I have furnished the University with all the information necessary to make an informed decision about my admission.

(6) Undertake to pay unconditionally all fees, charges and equipment surcharges payable to the University as they fall due for payment,

for any period for which I am or may become a registered student or the applicant is or may become a registered student of the University.

ALL APPLICANTS MUST SIGN BELOW - Thank you

Signature of applicant:.....

Date:...../..../.20___

Office use	
Application received on (date)	
Processed by (programme coordinator)	
Check min criteria met (programme coordinator)	
Academic Evaluation and decision	1.
	2.
Decision letter sent (date)	
On database (date)	

Please return application with required supporting documentation to <u>shortcourses.wsg@wits.ac.za</u> or Wits School of Governance, 2 St David's Place, Parktown, Johannesburg 2193

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