

2022



SEFAKO MAKGATHO
HEALTH SCIENCES UNIVERSITY

Student Application Form
Undergraduate and Postgraduate Studies
2022 Academic Year

Completed Application Form should be posted to:

The Registrar

PO Box 60

Medunsa

0204

or

Emailed to: apply@smu.ac.za

For more information,

Call: 012 521 5057/5059/5062 (Call Centre)

012 521 4979/4058/5886/4319 (Enrolment Management Office)

STUDENT APPLICATION FORM

A NON REFUNDABLE APPLICATION FEE OF R 200 (TWO HUNDRED RAND) MUST BE PAID AND THE DEPOSIT SLIP ATTACHED TO THE APPLICATION FORM UPON SUBMISSION.

BANKING DETAILS

Bank: Standard Bank	Account Holder: Sefako Makgatho Health Sciences University
Branch: Thibault Square	Branch Number: 020909
Account Number: 071 244 395	
Reference: Your Identity Number	

				Student Number		Academic Year	
				<i>For Office Use</i>		2022	
A.	ACADEMIC DETAILS						
1.	Qualifications you intend to follow (e.g. MBChB, B.Sc.)						
	Degree / Diploma			Study Level (e.g 1 st , 2 nd)			
	1st Choice						<i>For office use</i>
	2nd Choice						<i>For office use</i>
2.	Mode of Study	Full Time		<i>For office use</i>	Part Time		<i>For office use</i>
						Block Release	<i>For office use</i>

B.	PERSONAL DETAILS OF APPLICANT						
3.	Title		4.	Initials		5.	Surname
6.	Maiden Name (if applicable)		7.	Full Names			
8.	Id Number (RSA)		9.	Date of Birth			
10.	Passport number (International applicants only)		11.	Passport Expiry Date			

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B. PERSONAL DETAILS OF APPLICANT (cont.)						
12.	Marital Status (single/married/divorced)			13.	Gender	Female Male
14.	Home Language / Mother Tongue			15.	Religion	
16.	Occupation/Student Status: (eg Grade 12 Learner, University Student, Employed, Unemployed or other)			17.	Any Physical Impairment/ disability e.g blindness	
18.	Residential or Physical Address (not a school address)					
				Code		
19.	Postal Address					
				Code		
20.	Telephone No.			Fax No.		
	Cell No.			Email address		

C. HEMIS DETAILS (Compulsory)						
21.	Citizenship/ Nationality			22.	Ethnic Group/ Race	
23.	Province/ State			24.	Rural/Urban	

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D.	MATRICULATION DETAILS					
25.	Examination Year		26.		Highest Grade Passed (Grade 11/ 12)	
27.	Upgrading Grade 12	YES (attach Grade 12 statement of results plus proof of enrolment for upgrade)			NO	
28.	Senior Certificate Type (e.g. NSC or IEB)					
29.	School Name					
30.	Examination Department (e.g. Gauteng, Limpopo)					
31.	Last Examination Results	December Grade 11		June Grade 12		December Grade 12
32.	Subjects and results of last examination	Subject			Symbol/ Level of Achievement	



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E.	POST SCHOOL ACADEMIC ACTIVITIES								
33.	Were you previously registered at this or another institution of higher education institution? If yes, please supply the following information :					YES		NO	
	Institution	Student Number	Period of study From-To	Was the qualification completed?			If YES, which year?		
				Yes		No			
				Yes		No			
34.	If you have studied at another higher education institution (including Sefako Makgatho Health Sciences University), please attach your Academic Transcript and or proof of registration.								
35.	Have you previously been excluded from any higher education institution? If yes, supply the following information					YES		NO	
	Name of Institution								
	Qualification excluded from								
	Date and period of exclusion		Date		Period				
	Grounds for exclusion (academic, financial or disciplinary)								

F.	RESIDENTIAL APPLICATION (OPTIONAL)							
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36.	Would you like accommodation on campus?	YES		NO	
	Student housing with catering	YES		NO	

Please Note: accommodation on campus is not guaranteed

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G. FINANCIAL AID (OPTIONAL)					
37.	Do you require and qualify for National Student Financial Aid Scheme (NSFAS)? If yes, please refer to www.nsfas.org.za for more information	YES		NO	

H. PARTICULARS OF PARENTS/GUARDIAN/ SPOUSE/ NEXT OF KIN								
38.	Title		Initials		Surname		Relationship	
39.	Residential Address (not postal address)							
							Code	
40.	Postal address							
							Code	



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41.	Please specify which address you want Financial Statements to be sent to						
42.	Contact Numbers	Work		Home		Cell phone	
43.	Is your parent/guardian or spouse a staff member of Sefako Makgatho Health Sciences University?				YES		NO
	If yes, indicate his/her staff number						
44.	Are you a staff member of Sefako Makgatho Health Sciences University?		YES		NO		Staff No.

STUDENT APPLICATION FORM

I.	DECLARATION
	<p>I, _____ (full names and surname) hereby declare that :</p> <ol style="list-style-type: none"> a. All the information provided in this application is true and correct. b. I undertake to abide by all the rules and regulations of Sefako Makgatho Health Sciences University. c. I have concluded this agreement with the knowledge and consent of my parents/guardian/spouse or next of kin (if under 18 years of age). d. I understand that my application will not be processed if I have not submitted all the required applicable documentation as it will be deemed to be an invalid application. e. I understand that the University receives more applications than it can accommodate within its available spaces. Therefore, meeting minimum admission requirements does not guarantee admission. f. I undertake to notify the University Registrar or his/or his designate in writing, if I wish to cancel my application during the current application cycle.



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PLEASE NOTE

- The University reserves the right to verify and validate the correctness of information provided. If it is found to be misrepresented or untruthful after an admission offer has been made, the admission offer will be revoked immediately and no further correspondence will be entered into with the prospective student concerned.
- Your application will not be processed if you have not submitted all the required documentation within a period of two months
- Your application will not be processed if you have not paid the non-refundable application fee of R200.00 and sent proof of payment
- The University receives more applications than it can accommodate and meeting admission requirements does not guarantee admission.
- There are limited places in University residence and admission to study at SMU does not guarantee a place in residence.
- Application forms submitted after the closing dates will not be considered

STUDENT APPLICATION FORM

Signed at _____ on the _____ day of _____ 20.....

Signature of Applicant : _____

Date : _____

Name of Parents/Guardian/Spouse : _____ (if applicable)

Signature of Parents/Guardian/Spouse : _____ (if applicable)

Date : _____

FOR OFFICE USE

Documents to accompany the Application Form (attach those that are applicable to you)			
Matric Certificate		Proof of application fee payment	
Degree Certificate		Identity Document / Passport	
Diploma Certificate		Marriage Certificate	
Academic Transcript/Proof of registration		SAQA Evaluation (for international school leaving results)	
Grade 11/ 12 School Results			
_____ Name of processing officer		_____ Signature of processing officer in the Registrar's Office Date: _____	

Office Stamp