

**NOT FOR SALE**



University of Fort Hare  
*Together in Excellence*

# APPLICATION FOR ADMISSION

## Undergraduate & Honours 2022

This is an APPLICATION to study at the University of Fort Hare in 2022

**CLOSING DATE FOR ALL ACADEMIC PROGRAMMES: 30 SEPTEMBER 2021**

**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**

**APPLICATION FEES:** Non-refundable fee of R120.00 closing 30 September 2021 for those who do physical applications; No late applications will be accepted.

**RESIDENCE:** Non-refundable fee of R120.00 closing 30 September 2021

### 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

#### 1. PERSONAL DETAILS

**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
- June / September Grade 12 Results (If you are currently doing matric)
- Matric Certificate
- SAQA clearance certificate (foreign student and all undergrad nursing students)
- 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

**2. CONTACT DETAILS**

**2.1 APPLICANT'S DETAILS**

<b>TELEPHONE NUMBERS:</b>		Home
		Work

**CELLPHONE NUMBER:**

**NB: SMS messages will be sent to this number**

**EMAIL ADDRESS:**

**POSTAL ADDRESS**  
(WHERE MAIL MUST BE DELIVERED)

<input type="text"/>
<input type="text"/>
<input type="text"/>
<b>Postal Code</b>

**NB: Take note that acknowledgements of receipt and other communications will be sent to the above-mentioned address**

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

<input type="text"/>
<input type="text"/>
<input type="text"/>
<b>Postal Code</b>

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

<b>SURNAME:</b>	<input type="text"/>	<b>INITIALS:</b>	<input type="text"/>	<b>TITLE:</b>	<input type="text"/>
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**RELATIONSHIP:**

<b>TELEPHONE NUMBERS:</b>		Home
		Work

**CELLPHONE NUMBER:**

**EMAIL ADDRESS:**

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

<input type="text"/>
<input type="text"/>
<input type="text"/>
<b>Postal Code</b>

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

**3.1 ETHNICITY**

- African                       Asian                       Coloured                       White

**3.2 LANGUAGES (mark where applicable)**

- |  | <b>Home Language</b>     |
|--|--------------------------|
| <input type="checkbox"/> Afrikaans         | <input type="checkbox"/> |
| <input type="checkbox"/> English           | <input type="checkbox"/> |
| <input type="checkbox"/> isiNdebele        | <input type="checkbox"/> |
| <input type="checkbox"/> isiXhosa          | <input type="checkbox"/> |
| <input type="checkbox"/> isiZulu           | <input type="checkbox"/> |
| <input type="checkbox"/> seSotho           | <input type="checkbox"/> |
| <input type="checkbox"/> seSotho sa Lebowa | <input type="checkbox"/> |
| <input type="checkbox"/> Setswana          | <input type="checkbox"/> |
| <input type="checkbox"/> siSwati           | <input type="checkbox"/> |
| <input type="checkbox"/> Tshivenda         | <input type="checkbox"/> |
| <input type="checkbox"/> Xitsonga          | <input type="checkbox"/> |
| <input type="checkbox"/> Other             | <input type="checkbox"/> |

**3.3 Are you employed?**

- Yes                       No

**4. Any disability or special educational needs:**

- Yes                       No                      If YES please complete below

**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:

- Did you apply for residential accommodation?**                       Yes                       No

**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.**

**5. ACADEMIC DETAILS**

**LEVEL OF STUDY**

- Undergraduate
  Advanced / Postgraduate Certificate / Diploma
  Honours

**DEGREE / DIPLOMA FOR WHICH APPLICATION IS BEING MADE**

First Choice:	
Second Choice:	

**FIELD OF STUDY (HONOURS or postgraduate applicants ONLY)**

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

**CAMPUS**

- Alice
  Bisho
  East London

**TYPE OF STUDY**

- Full Time
  Part Time

**PREVIOUS YEAR'S ACTIVITY**

- Post School College
  Scholar  
 University of Technology (Technikon)
  University  
 Working (employed)
  Unemployed

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

**7. DETAILS OF SCHOOL RECORD (ONLY UNDERGRADUATE APPLICANTS)**

Name of School:

Address of School:   
  
 Postal Code

Telephone no. of School:  Matric Year

Matric examination Number:

NATIONAL SENIOR CERTIFICATES (NSC)  Endorsement  Conditional Endorsement

Senior Certificate obtained before 2008 Type of exemption  Senior Certificate without Endorsement  Other (please specify)

Applicants who completed the Senior Certificate before 2008 must provide a certified copy of the Senior Certificate

**8. SCHOOL SUBJECTS (for languages, please state whether 1<sup>st</sup> / 2<sup>nd</sup> or 3<sup>rd</sup> language)**

Year	Month	School Subject	Grade 11 (Nov)			Grade 12 (March/ Jun)		
			Actual Mark	Out of	Total	Actual Mark	Out of	Total
				Out of			Out of	
				Out of			Out of	
				Out of			Out of	
				Out of			Out of	
				Out of			Out of	
				Out of			Out of	
				Out of			Out of	
				Out of			Out of	
				Out of			Out of	

**GRADE 11 MARKS MUST BE COMPLETED AND REPORT ATTACHED**

**9. IF YOU HAVE BEEN REGISTERED AT ANOTHER UNIVERSITY / TERTIARY INSTITUTION IN THE PAST, PLEASE SUPPLY THE FOLLOWING INFORMATION**

NAME(S) OF UNIVERSITY (TIES) OF TECHNOLOGY (TECHNIKON(S) COLLEGE(S)	DEGREE / DIPLOMA OBTAINED	YEAR(S) OF REGISTRATION		STUDENT NUMBER
		FROM	TO	

HAVE YOU EVER BEEN PROHIBITED FROM PROCEEDING WITH YOUR STUDIES AT ANY UNIVERSITY / UNIVERSITY OF TECHNOLOGY (TECHNIKON) / COLLEGE?	<input type="checkbox"/>	<b>YES</b>	<input type="checkbox"/>	<b>NO</b>
IF SO, WHERE?				

**10. 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:

Date:

## DECLARATION BY APPLICANT

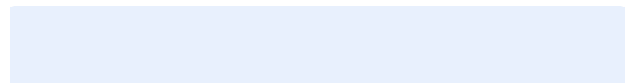
I hereby declare:

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:



Date:



**DECLARATION BY PARENT / GUARDIAN IN THE CASE OF THE APPLICANT BEING A MINOR**

I declare that I am aware that Rules and Regulations exist as promulgated by the Council of the University. I confirm that I am aware that the Council may promulgate further Rules and Regulations from time to time, and I agree that my son/ daughter binds himself/ herself to comply with such Rules and Regulations.

I hereby give my permission that my son/ daughter may conclude or amend any agreement pertaining to loans/ or bursaries with the University.

I hereby declare that I am the legal guardian of the above minor signatory, and I hereby assist, approve, ratify and agree to the above minor signatory signing this document (Waiver of Liability and Indemnity and Declaration).

I hereby waive any and all rights, claims, demands and causes of action which I may have against the University, its employees, contractors and agents arising from the above minor signatory's participation in the qualification and the related activities, including without limitation, any claim for damages to my property or any property in the above minor signatory's possession or under his/ her control, and/ or damages resulting from his/ her personal injury or death.

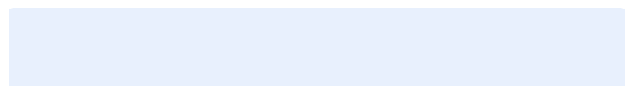
I furthermore hereby indemnify the University, its employees, contractors and agents against any and all liability, loss, damages and legal costs which the University, its employees, contractors and agents may incur or sustain as a result of any claims which may be instituted by the above minor signatory (after reaching the age of 18 years or while still a minor, with the assistance of his/ her guardian) to the extent that the same have arisen from, have occurred during or are in any way related to his/ her participation in the qualification and the related activities.

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 voluntarily.

Full names and surname of parent/ guardian

Identity Number

Signature of parent/ guardian



Date:

**OFFICE USE ONLY**

	1 <sup>st</sup> choice	Signature	Date	2 <sup>nd</sup> choice	Signature	Date	Signature & date when processed by Student Admin
Accepted							
Provisionally accepted							
Waitlisted							
Rejected							
Final Choice					Official Signature:		

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 <a href="mailto:applications2022@ufh.ac.za">applications2022@ufh.ac.za</a> . <b>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.</b>
Whom do I contact if I have accommodation/ residence inquiry?	Email <a href="mailto:mnjoba@ufh.ac.za">mnjoba@ufh.ac.za</a> for Alice campus enquiries; Email <a href="mailto:ngomomo@ufh.ac.za">ngomomo@ufh.ac.za</a> for East London campus enquiries
Whom do I contact if I have an inquiry as an International student?	Email <a href="mailto:mmalambile@ufh.ac.za">mmalambile@ufh.ac.za</a> ; <a href="mailto:qonyango@ufh.ac.za">qonyango@ufh.ac.za</a> ; <a href="mailto:ckukubo@ufh.ac.za">ckukubo@ufh.ac.za</a> ; <a href="mailto:international@ufh.ac.za">international@ufh.ac.za</a> ; <a href="mailto:xmapango@ufh.ac.za">xmapango@ufh.ac.za</a>
Whom do I contact for Faculty related enquiries?	Email the ff Faculty Managers Law: <a href="mailto:amkiva@ufh.ac.za">amkiva@ufh.ac.za</a> ; Science & Agriculture: <a href="mailto:msmith@ufh.ac.za">msmith@ufh.ac.za</a> ; Management & Commerce: <a href="mailto:bsitebe@ufh.ac.za">bsitebe@ufh.ac.za</a> ; Social Science & Humanities: <a href="mailto:zmnguni@ufh.ac.za">zmnguni@ufh.ac.za</a> ; Education: <a href="mailto:nmagocoba@ufh.ac.za">nmagocoba@ufh.ac.za</a> ; Health Sciences: <a href="mailto:pnhlumayo@ufh.ac.za">pnhlumayo@ufh.ac.za</a>
Whom do I contact for any other registration related questions?	Email <a href="mailto:admissions@ufh.ac.za">admissions@ufh.ac.za</a>

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

**NB: INTERNATIONAL STUDENTS ONLY**

**Proposed amendments to the application forms**

**1. Please indicate by ticking the applicable box**

- South African citizen
- Permanent Residence
- International student

**2. For any assistance, you may contact International Affairs Office before/ after applying;**

Alice Campus: +277406022244 / [ckukubo@ufh.ac.za](mailto:ckukubo@ufh.ac.za)  
[international@ufh.ac.za](mailto:international@ufh.ac.za)

East London Campus: +27437047328 / [mmalambile@ufhac.za](mailto:mmalambile@ufhac.za)  
+27437047666 / [UFHinternationalStudentProfiles@ufh.ac.za](mailto:UFHinternationalStudentProfiles@ufh.ac.za)

Go to <http://www.ufh.ac.za/international/> for Visa information or to contact us if you have any queries.

Keep copies of all proof of payment, Pay residence application fee separately from admission application fee.

**3. Personal Details**

**SA ID:**

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**Passport no/ ID**

(International Applicants Only)

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**4. Contact Details**

**Telephone:**

<b>Country Code:</b>	+	<b>Cell Number:</b>	
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**Email Address:** (Compulsory for International Applicants)

--

**5. Postal Address**

**Country**

--

**Postal Code**

--

**6. Residential Address**

**Country**

--

**Postal Code**

--

**7. Next of Kin**

**Telephone:**

<b>Country Code:</b>	+	<b>Cell Number:</b>	
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**Email Address:** (Compulsory for International Applicants)

--

**Country**

--

**Postal Code**

--

**APPLICATION FOR RESIDENCE ACCOMMODATION – INTERNATIONAL STUDENTS**

<b>SA ID:</b>				
<b>Passport no/ ID</b> (International Applicants Only)				
<b>Nationality</b>				
<b>Telephone:</b>	<b>Country Code:</b>	<b>+</b>	<b>Cell Number:</b>	
<b>Email Address:</b> (Compulsory for International Applicants)				
<b>Country</b>		<b>Postal Code</b>		

**Applicants with disabilities (Please note: All housing is self-supportive)**

<b>Would you require accommodation with modifications to support your disability?</b>	<input type="checkbox"/>	<b>Yes</b>	<input type="checkbox"/>	<b>No</b>
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# 2022 APPLICATION FOR RESIDENCE ACCOMMODATION

<b>Surname:</b>	
<b>First Names:</b>	
<b>Identity Number:</b>	
<b>Degree Applied for:</b>	
<b>Student Number:</b>	

<b>Campus:</b>	<input type="checkbox"/>	ALICE	<input type="checkbox"/>	EAST LONDON
<b>Gender:</b>	<input type="checkbox"/>	MALE	<input type="checkbox"/>	FEMALE

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

Signature of applicant:

Date:

<b>For Office Use Only</b>	
Residence Allocation	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Residence:	
Room Number:	
Signature of Official:	
Date:	

## 1. PLACEMENT PROCEDURE

- 1.1 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.
- 1.2 Applications will be selected on application date, admission criteria and diversity targets.
- 1.3 Once an applicant is selected, a written offer of accommodation will be sent, including information regarding procedure, conditions, etc.
- 1.4 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.
- 1.5 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.
- 1.6 All residence related enquiries should be directed to Residence Manager at: 040 602 2040