APPLICATION FOR UNDERGRADUATE ADMISSION
(International)

Note: Completed applications for all campuses must be forwarded to the Applications and Information Office at:

Postal Address
University of KwaZulu-Natal
Applications and Information Office
Durban
4041

Physical Address
University of KwaZulu-Natal
Applications and Information Office
Shepstone Building Level 4
Howard College Campus
King George V Ave/Mazisi Kunene Rd
Glenwood
Durban

FOR OFFICE USE ONLY:

NAME: ____________________________

STUDENT NO: ________________

DEGREE/DIPLOMA: ____________________________

LOCAL: __________

INTERNATIONAL: __________
Please read these notes before completing the attached application form

1. The non-refundable application fee or proof of payment MUST accompany this application form. Application fees sent by post should be paid by cheque or postal order, not cash. Please ensure that cheques or postal orders are made out to the University of KwaZulu-Natal.

   **International and local applicants:** Application fees can be paid by electronic transfer/bank deposit. The banking details are as follows:

   - **Name:** UKZN Foreign Deposit
   - **Acc. No:** 05 308 2826
   - **Branch Code:** 045426
   - **Type of Account:** Business Current Account
   - **Bank:** Standard Bank
   - **Reference:** F001 11402 with applicant’s full name
   - **Swift Code:** SBZAZA JJ

2. The application form MUST be completed as fully and as accurately as possible to avoid delay in processing. Use names appearing on the identity document when completing this form.

3. The University of KwaZulu-Natal is an English medium university. International students from non-English speaking countries must provide proof of English proficiency. Please refer to the Undergraduate Prospectus for further information.

4. Applicants whose previous degrees were obtained at a university other than University of KwaZulu-Natal must submit certified copies of their previous degree certificates with their application. For **international applicants:** Please provide translated copies where applicable. Also refer to the Undergraduate Prospectus for further information.

5. If you have attended another university please submit a full academic record or you must arrange for the Registrar of that University to submit a full academic record for all years of study and a certificate of conduct to the University of KwaZulu-Natal.

6. All international applicants must have their school leaving credentials evaluated by the Matriculation Board.

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**Entrance Requirements:**

**Legal entrance requirements:**

The NSC for degree admission or Senior Certificate with matriculation exemption (or equivalent) is required for admission to degree studies in South Africa.

Applicants with non-South African school leaving qualifications need to submit proof that they qualify for admission to degree studies at South African universities in terms of the guidelines provided by the Higher Education South Africa (HESA) – (Matriculation Board). Please refer to their website at: [www.hesa.org.za](http://www.hesa.org.za). Further information can be obtained from:

1. The Matriculation Board at Tel: +27 (0)12 591 4401/2 or 2. University of KwaZulu-Natal Applications Office at Tel: +27 (0)31 260 2212/7877 or +27 (0)33 260 5212 3. University of KwaZulu-Natal International Office at Tel: +27 (0)31 260 1092.

**NB:** Colleges will not consider your application for selection if you have not submitted your HESA evaluations.

**College entrance requirements:**

In addition to the legal entrance requirements, South African applicants should meet the minimum points for specific programmes. All applicants should meet subject requirements and levels of performance for admission to certain programmes. Also note that the number of applications received by far outnumber the spaces available at University. Therefore, meeting the minimum requirements for application does not guarantee admission to the University.

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**Application Fees:**

A non-refundable application fee is payable on submission of the application form.

- **SA applicants on-time**
- **SA applicants late**
- **SADC and Africa**
- **Countries outside Africa**
- **R200**
- **R400**
- **R470**
- **$146**

No late international applications accepted. The banking details are provided on the last page. Please provide your details on the deposit slip and submit proof of payment on submission of your application.

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**Closing Dates:**

- **Honours and Postgraduate Diplomas**
  - Semester 1: 30 September
  - Semester 2: 30 April
- **Masters Coursework**
  - Semester 1: 31 October
  - Semester 2: 30 April
- **Masters (Research) and Doctoral studies**
  - no closing dates

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**Health Care Insurance:**

(Applicable to International Applicants only)

In terms of the Immigration Amendment Act 19 of 2004 any prospective student coming to the Republic of South Africa, must provide proof of medical cover with a medical scheme registered in terms of the Medical Schemes Act, 1998 Act 131 of 1998. The University of KwaZulu-Natal thus only accepts South African Medical Aid products approved in terms of the Medical Aid Schemes Act referred to above. To comply with the regulations, the University requires proof of full Medical Aid cover with a South African based medical aid scheme for the full academic period of study (renewable annually). Such cover must cover the minimum of hospitalisation, emergencies and day-to-day cover including medicine and doctor’s visits. It is thus advisable to make the necessary financial arrangements for the medical aid cover prior to your entry into South Africa.

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**Students with Disabilities:**

Please contact the Co-ordinator at the Student Counselling Centre for information on services, equipment and support available to students.

- **Howard College –** Tel: +27 (0)31 260 3070/3140
- **Pietermaritzburg –** Tel: +27 (0)33 260 5213/5233
- **Westville –** Tel: +27 (0)31 260 7706/7888
- **Edgewood –** Tel: +27 (0)31 260 3665

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**Financial Aid Queries:**

Agriculture, Engineering and Science –

- **Tel:** +27 (0)31 260 7064/1502
- **+27 (0)33 260 6145**

Health Science –

- **Tel:** +27 (0)31 260 2912/4359/7889

Humanities –

- **Tel:** +27 (0)31 260 3258
- **+27 (0)33 260 5758**

Law and Management –

- **Tel:** +27 (0)31 260 1106/7839
- **+27 (0)33 260 5757**

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**Residence Queries:**

For all residence queries please phone the relevant campus:

- **Edgewood –** Tel: +27 (0)31 260 3611
- **Howard College –** Tel: +27 (0)31 260 2282
- **Medical School –** Tel: +27 (0)31 260 2282
- **Pietermaritzburg –** Tel: +27 (0)33 260 6226
- **Westville –** Tel: +27 (0)31 260 8070

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**Needing Assistance:**

If you need assistance in selecting programmes, choosing your majors, career or personal guidance, or testing you can contact a councillor at one of our Student Support Services.

- **Howard College –** Tel: +27 (0)31 260 2668/2669
- **Pietermaritzburg –** Tel: +27 (0)33 260 5233
- **Westville –** Tel: +27 (0)31 260 7337/7751
- **Edgewood –** Tel: +27 (0)31 260 3653
APPLICATION FOR ADMISSION

1. TERM OF ENTRY AND CHOICE OF PROGRAMME

Year of entry: 2020 Entry Term: Semester: 1 2 Year of study for this degree/diploma (eg. 1st): 

Degrees/Diplomas/Programmes applying for:

<table>
<thead>
<tr>
<th>Choice</th>
<th>Order</th>
<th>Campus</th>
<th>Name of Degree/Diploma</th>
<th>Majors</th>
<th>Full or part-time</th>
<th>Approved</th>
<th>Date</th>
</tr>
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<tbody>
<tr>
<td>1</td>
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<td>4</td>
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<td></td>
<td></td>
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</tr>
</tbody>
</table>

Please ensure that the programme name/s are indicated.

2. PERSONAL DETAILS

Title: Mr  Mrs  Miss  Ms  Other________________________
Surname: ________________________________________________________________
First Names: ____________________________________________________________
Maiden Name: __________________________________________________________
ID No: ____________________________________________ (South African applicants only)
Persal number: _____________________________________ (teachers only)
Date of Birth: _______ _______ _______ 
Marital Status: Married [ ] Single [ ] Divorced [ ] Widowed [ ]
Race:    African [ ] Coloured [ ] Indian [ ] White [ ] Other:__________________________________ (specify)
Gender: Male [ ] Female [ ]
Home Language: ______________________ Nationality: ______________________
Religion (optional): ________________________________

3. RESIDENCY

• Are you a permanent resident of SA? [ ] YES [ ] NO

• If not, what is your country of permanent residence? ____________________________

• Passport No.: __________________________________________

• Expiry Date: _______ _______ _______ 

• Residence Permit No: ________________________________________ (if in possession)

• Expiry Date: _______ _______ _______
4. POST-SCHOOL ACTIVITIES

Present activity (Please tick)

<table>
<thead>
<tr>
<th>Activity</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>University student</td>
<td>01</td>
</tr>
<tr>
<td>Teacher’s Training College</td>
<td>02</td>
</tr>
<tr>
<td>Technikon Student</td>
<td>03</td>
</tr>
<tr>
<td>College of Nursing student</td>
<td>04</td>
</tr>
<tr>
<td>Technical College student</td>
<td>05</td>
</tr>
<tr>
<td>Labour Force (Employed)</td>
<td>07</td>
</tr>
<tr>
<td>Standard 10 pupil/Grade 12 learner</td>
<td>08</td>
</tr>
<tr>
<td>OTHER (__________________________)</td>
<td>09</td>
</tr>
</tbody>
</table>

* If university student, please state name of the last institution in section 8 on page 5 and submit academic record and certificate of good conduct:

**NOTE:** The code structure has been set up (by ITS) in terms of government reporting requirements.

If you are employed please complete the following:

Name of Company/Institution

Address of Company/Institution

<table>
<thead>
<tr>
<th>Post Code</th>
<th>Telephone No. (Work)</th>
<th>Area dialling code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Fee Account to Employer:

Yes  No

5. ADDRESS AND CONTACT DETAILS

Postal Address: ____________________________________________________________

                      ____________________________________________________________

Town/City: ______________________________________________________________

Country: ___________________ Postal Code: _______________________

Physical address: __________________________________________________________

                      ____________________________________________________________

Town/City: ______________________________________________________________

Country: ___________________ Postal Code: _______________________

Telephone Numbers:

Cell phone: ____________________________

Work: Dial code: ___________ No: ____________________________

Home: Dial code: ___________ No: ____________________________

Email address: ____________________________

Work/Home Fax: ____________________________

Guardian/Parent (if under 21) or next of kin:

Name: ________________________________________________________________

Address: ______________________________________________________________

                      ____________________________________________________________

Town/City: ______________________________________________________________

Country: ___________________ Postal Code: _______________________

Telephone Numbers:

Work: Dial code: ___________ No: ____________________________

Home: Dial code: ___________ No: ____________________________

Cell phone: ____________________________

Email: ____________________________

Relationship:

Father □  Mother □  Spouse □

Brother □  G/Parent □  Sister □

Child □  Guardian □  Other □
6. HIGH SCHOOL DETAILS

Year of last school leaving certificate (equivalent to Grade 12): ____________
Name of school certificate/diploma: _______________________________________
Examination No: __________________________________________________________________________

NB: INTERNATIONAL APPLICANTS TO CHECK EQUIVALENCE WITH MATRICULATION BOARD

Type of Matriculation Exemption already held: (Please tick one)

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>Full Exemption</td>
<td>07</td>
<td>Other Senior Certificate</td>
</tr>
<tr>
<td>03</td>
<td>Ordinary Conditional</td>
<td>08</td>
<td>NTC3/N3/NSC</td>
</tr>
<tr>
<td>04</td>
<td>Mature Age Exemption</td>
<td>09</td>
<td>Standard 10 Practical</td>
</tr>
<tr>
<td>05</td>
<td>Foreign Exemption</td>
<td>10</td>
<td>Other</td>
</tr>
<tr>
<td>06</td>
<td>Immigrants Exemption</td>
<td>11</td>
<td>Discretionary Provision (Senate exemption)</td>
</tr>
</tbody>
</table>

NOTE: The code structure has been set up (by ITS) in terms of government reporting requirements.

<table>
<thead>
<tr>
<th>HIGH/SENIOR SCHOOL NAME</th>
<th>YEAR</th>
<th>Examination Authority</th>
<th>Grades/Forms Passed</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>From</td>
<td>To</td>
<td></td>
</tr>
</tbody>
</table>

High School subjects (International Students: state subjects of last school leaving certificate)

<table>
<thead>
<tr>
<th>Year</th>
<th>Final grade II/’O’ levels</th>
<th>Trial/Mocks Grade 12</th>
<th>Matric or ‘A’ levels</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>HG/SG/O</td>
<td>Symbol</td>
<td>SG/HG/A</td>
</tr>
</tbody>
</table>

7. PREVIOUS STUDIES

<table>
<thead>
<tr>
<th>INSTITUTION NAME</th>
<th>DEGREE/DIPLOMA/CERTIFICATE</th>
<th>DEGREE AWARD DATE</th>
<th>YEARS ATTENDED</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Name</td>
<td>Complete</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

- Student number(s) at previous institution: ___________________________________________________________
- Have you ever been refused entry to, expelled or excluded from another institution? YES ____ NO ____
  If "Yes", provide the details: _____________________________________________________________________
- Have you ever been refused entry to, expelled or excluded from a residence of any institution? YES ____ NO ____
  If "Yes", provide the details: _____________________________________________________________________
- Do you owe fees to another institution? YES ____ NO ____
  If "Yes", provide the details: _____________________________________________________________________
8. MEDICAL INFORMATION

8.1 DISABILITY INFORMATION

The University is sensitive to the needs of students with disability, and will attempt to provide support where possible.

Do you have any disability, physical or otherwise, that might require support? YES □ NO □ If “Yes”, please indicate:

Persons with a Visual Impairment
□ Blind
□ Partially sighted

Persons with a Hearing Impairment
□ Partially deaf
□ Mild to moderately deaf

Persons with a Physical Impairment
□ Uses a wheelchair
□ Uses crutches/callipers

Persons with paraplegia/quadriplegia/
hemiplegia/post-polio paralysis
□ Other (please specify)

Persons with Diabetes
□ Persons with Epilepsy
□ Persons with Cerebral Palsy
□ Persons with Intellectual/Psychiatric/
Psychological Impairment
□ Persons with Medical/Chronic Ailments that require support (Please specify)
□ Other (Please specify)

8.2 COMPULSORY FOR INTERNATIONAL APPLICANTS ONLY

Health Insurance

I ______________________ (name) confirm that I will/have applied for medical cover with a medical scheme registered in terms of the Medical Schemes Act, 1998 Act 131 of 1998.

9. RESIDENCE APPLICATION

Do you wish to apply for admission to University Residence? YES □ NO □

If yes, which campus?
□ Howard College  □ Pietermaritzburg  □ Edgewood
□ Medical School  □ Westville

If you are unsuccessful in obtaining accommodation in a University Residence, where will you stay?________________________________________

10. GENERAL INFORMATION

By submitting this form you are giving UKZN permission to process and assess your personal information for any purpose connected with this application and to verify any information contained herein.

The University is committed to maintaining your privacy at all times.

Do you wish your personal information to be kept confidential between yourself and the University? YES □ NO □

Note: Disclosure is subject to the Promotion of Access to Information Act, Protection of Personal Information Act and other relevant laws.

Did any of your immediate family study at this University? YES □ NO □

If yes, state relationship to you: __________________________

11. ENGLISH PROFICIENCY

Applicants applying for admission into a degree programme at the University need to demonstrate that they have obtained one of the following levels of English proficiency:

1. A pass in an examination equivalent to English at South African Senior Certificate (NSC) HL or FAL level or at the Higher Grade (First or Second Language) for the South African Senior Certificate.
2. A pass in English language at A-level, or O-level (C-symbol or higher), or the International Baccalaureate or equivalent examination.
3. For international applicants who do not satisfy (1) or (2) above and for whom English is a foreign language:
   • an overall band score of 6.0 for Undergraduate studies, 7.0 for Postgraduate studies or
   • a test score of 550 on the paper version of the Test of English as a Foreign Language (TOEFL) or a score of at least 80 on the IBT (electronic) version of the test.

Scores need to be submitted with application forms.

Name of document: ____________________________

REFER TO THE UNDERGRADUATE PROSPECTUS FOR MORE DETAILS.
To be completed with the assistance of Parent/Guardian where applicant is not financially independent and under the age of 18 (a minor).

If my application is successful and I accept the offer of a place to study at the University of KwaZulu-Natal,

1. I undertake
   1.1 To comply with the procedures, rules and regulations of the University of KwaZulu-Natal.
   1.2 To inform the Registrar immediately, in writing, if I change my address.
   1.3 To acquaint myself with all the rules and general regulations that relate to the degree for which I am applying.
   1.4 To make alternate arrangement for accommodation should the University accept me for the degree and cannot offer me accommodation.

2. I/We hereby accept liability for the payment of all tuition fees or other fees which may be charged by the University as a result of my/his/her studies at the University.

3. I am aware that my enrolment is valid only if it complies with the regulations of the degree concerned, notwithstanding the acceptance of this application by the University.

4. I/We accept the responsibility of submitting all documents required by the University before the stipulated due dates.

5. I declare
   5.1 That I make this application and give the declarations and understandings with the knowledge and consent of my parent/guardian/employer.
   5.2 I warrant that the information contained herein is true and correct and the University shall be entitled to declare the contract void and cancel my registration if I have made any misrepresentation or omission on this application.

Signature of Student Date

Signature of Parent/Guardian Date

SURETYSHIP To be completed where applicant is not financially independent and under the age of 18 (a minor).

I, the undersigned lawful parent/guardian of the applicant, do hereby bind myself to the University of KwaZulu-Natal as surety in solidum and co-principal debtor with the above-named applicant for the due payment of all fees and other charges due and payable to the University of KwaZulu-Natal in terms of the relevant applicable annual schedule of fees. The surety will operate as a continuing covering suretyship. I agree that I will not be released from liability under this suretyship in any circumstances whatever, except with the University of KwaZulu-Natal’s written consent and in particular, I shall not be released by reason of the fact that the aggregate amount owed to you by the applicant may fluctuate and may at times be nil.

Please print full name of Surety/Parent/Guardian: ____________________________________________
Identity no.: ____________________________________________________________
Address: ________________________________________________________________

Which will be my domicilium citandi et executandi (permanent residential address) for all purposes under this document which means that I will accept service of all notices, documents and legal proceedings against me. In the event of my changing this address, I agree to inform the Student Debtors Section of the Finance Department of the University of KwaZulu-Natal of any change in my address.

Signature of Parent/Guardian Date

DISCLAIMER

If any provision or part of a provision of this application form is found unlawful, void, or unenforceable, that provision or part of the provision is deemed severable from the application form and all other provisions of the application form will remain in full force and effect.
13. CHECKLIST

Please ensure that the following relevant documents are enclosed with this application:

- Have you indicated your choice of degree/diploma and campus?  
  YES [ ] NO [ ]

- Have you enclosed the proof of payment or non-refundable application fee?  
  YES [ ] NO [ ]

- Have you enclosed all the required certified documentation:
  - Copy of ID Document/Passport  
    YES [ ] NO [ ]
  - Academic Record (if studied previously)  
    YES [ ] NO [ ]
  - Degree Certificate (if studied previously)  
    YES [ ] NO [ ]
  - Senior Certificate/Matric Certificate/O/A Levels or relevant school leaving qualification/certificate  
    YES [ ] NO [ ]
  - English Proficiency proof  
    YES [ ] NO [ ]
  - Proof of HESA assessment  
    YES [ ] NO [ ]

- English translation if applicable

- Compulsory for international applicants only

- Have you read and understood the medical insurance requirements (applicable to International Applicants only)?  
  YES [ ] NO [ ]

- Have you completed the residence section (10) if applicable?  
  YES [ ] NO [ ]

- Have you filled in the application form in full?  
  YES [ ] NO [ ]

Applications and Information Office
www.ukzn.ac.za