

APPLICATION FOR THE STUDY ABROAD PROGRAMME/OCCASIONAL STUDIES AND EXCHANGES

Notes:

This application form should be accompanied by

- An application letter,
- Original copy of most recent academic transcripts,
- TOEFL Results (students for whom first language is not English and/or have studied in a language other than English).
- Passport sized photograph

General Information

Have you applied to and/or been registered at Wits before? Yes No

If yes, please quote student/ application number

APPLY BY THESE DATES

First Semester
31 October

Second Semester
10 May

Personal Details

Surname / Last Name

First Name

Title / Prefix Mr Miss Ms Mrs Other

Middle Names

Preferred Names

Date of Birth Male Female
Day Month (e.g. Dec) Year

Home Language Nationality Country of Residence

ID/Passport Number

Academic Application

List below your proposed Wits Course selection. Final acceptance into these courses can only be confirmed at registration. Look at course pre-requisites and consult with an academic advisor before you make your selection.

Course Name	Faculty	Department	Course Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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Are you applying for one or two semesters?

Starting in? (Please tick) Autumn (February to June) Spring (July to November)

Higher Education

- List all periods of registration at other tertiary institutions,
- Attach certified copies of your certificates/results statements
- Any documentation not in English must be translated and sworn to by an authorized translator.

Date (From) YYYY	Date (To) YYYY	Higher Education Institution	Degree/Diploma Registered For	Qualification Completed		Year Graduated YYYY
				Yes	No	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Contact Details

Applicant's Mailing Address

Start each line of address on a new line

<input type="text"/>
<input type="text"/>
<input type="text"/>

Signature of Student

Date

Postal Code	Country Code	Tel. Area Code	Tel. Number	Fax Number	E-mail Address
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Parent/Legal Guardian or Next-of-Kin

Details of Parent/ Guardian (if under 21) or Next-of-Kin (if over 21)

Initials	<input type="text"/>	Surname	<input type="text"/>	Title	<input type="text"/>	Mr/Miss/Ms/Mrs/Dr/.
Relationship to you	<input type="text"/>	Occupation	<input type="text"/>			

Address of Parent/Legal Guardian or Next-of-Kin

<input type="text"/>
<input type="text"/>
<input type="text"/>

Signature of Parent/Legal Guardian (if Under 21)

Date

Postal Code	Country Code	Tel. Area Code	Tel. Number	Fax Number	E-mail Address
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Parent/Legal Guardian or Next-of-Kin

Applicants under the age of 21 years old must be assisted by their parent or guardian (must be the same person listed under next-of-keen- on page 2)

LEGAL DECLARATION OF INDEMNITY AND UNDERTAKING

I, THE APPLICANT, AND I, THE PARENT/GUARDIAN/NEXT-OF-KEEN OF 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 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:

AND, if the applicant is under the age of 21 years, assisted by (full name of parent or legal guardian or next of keen)

Title: First Name: Last Name/Surname:

Signature: Date:

Checklist for Applicants

- I have completed every page in detail,
- I have indicated the courses of choice,
- I have signed this form,
- I have included all documents (application letter) and original or certified copies of most recent transcripts,
- I have included a passport sized photograph,
- I understand that my application will be considered to be incomplete if I have not adhered to these requirements,

NB: FAXED COPIES OF CERTIFICATES/ACADEMIC TRANSCRIPTS ARE NOT ACCEPTABLE

Please return form to : Mr. Lebethe Malefo; Wits International Office, Private Bag X3, Wits, 2050, Gauteng, RSA