

APPLICATION FOR RE-ADMISSION 2018

(For more information visit our website: www.univen.ac.za)

RETURN THIS FORM BEFORE 29 SEPTEMBER 2017

R100-00 APPLICATION FEE MUST BE PAID AT ABSA BANK ACCOUNT NO.

1 000 000 589 AND STATE YOUR STUDENT NUMBER ON REFERENCE COLUMN.

KINDLY ATTACH THE DEPOSIT SLIP ON THIS APPLICATION FORM

(NB: Application forms without this fee will not be considered and if applying for the first time at this University, make sure you fill in the general application form (undergraduate form as well)

Forms can be returned to the following address:-

UNIVERSITY REGISTRAR UNIVERSITY OF VENDA PRIVATE BAG X5050 THOHOYANDOU 0950

ACADEMIC YEAR 2 0																				
WHE	N DID Y	OU	LAST	REG	IST	ER /	AT TH	IIS L	JNIVE	RSIT'	Y?									
Degree/Diploma/Certificate for which you wish to						to en	rol													
Post-Graduate				Jun	ior D	egr	ee		Diplo	ma		-	Certific	cate						
First Choice		Second Choic						oice	e (if	applica	able)									
PART A			PERSONAL PA								. PA	RTIC	JLAF	RS						
01	Title Mr			Mr	S		Ms		02:	Sur	nam	ne								
03	Initials	3			04		Full Names		es											
					05	5	I.D N	lo												
							(If no	l.D	No. fi	II in p	oassp	ort n	umbe	er)						
	(If no I.D No. fill in passport number) Email Address:																			

,	Pos	ital Ad	ddres	S					
					Pos	stal Co	de		
	Tel.	No							

DECLARATION

1. Lundertake

- 1.1 to comply with the rules and regulations of the University of Venda should my application be successful.
- 1.2 to inform the School Administrator immediately, if I change my address, and
- 1.3 acquaint myself, with all the rules and general regulations that relate to the programme for which I am applying.
- 2. I/We hereby absolve the University of Venda, its staff, employees, representative and/or agents from any claims which I/the student may acquire as a result of any injuries which I/the student may receive and/or damages which I/the student may suffer as a result of any happening, incident, accident, injury, illness or death however it may have resulted or as a result of my/his /her participation in any tour/outing/excursion/visit or transport which may take place during my/his/her studies at the University.
- 3. I/We accept that I/the student shall participate in the activities mentioned in paragraph 2 on my/his/her own responsibility and shall voluntarily accept the risk incidental thereto.
- 4. I/We hereby accept liability for the payment of all study, class or other fees which may be charged by the University as a result of may/his/her studies at the University, if the application is successful.
- 5. I am aware that my enrolment is valid only if it complies with the regulations of the programme concerned, notwithstanding the acceptance of this application by the University.
- 6. I declare:
 - 6.1 that I conclude this agreement with the knowledge and Consent of my parents/guardians/employer
 - 6.2 that all particulars given by me on this form are true and correct.

Signature of applicant		Date	
Signature of Parent/ Guardian		Date	
(1	f applicant is under 21years)	1	