



**STUDENT APPLICATION FORM**

STUDENT NUMBER:           PAY DATE (Please Tick) 2<sup>nd</sup>  15<sup>th</sup>  25<sup>th</sup>   
COURSE/PROGRAM  LEVEL

**Personal Details**

TITLE:  Mr  Mrs  Miss  Dr  Prof  Other.  
SURNAME:   
FULL NAMES:   
DATE OF BIRTH:   
ID/PASSPORT NO:   
HOME LANGUAGE:   
POSTAL ADDRESS:  Code:   
PHYSICAL ADDRESS:  Code:   
CELLPHONE NO:  WORK TEL NO:   
HOME TEL NO:   
E-MAIL ADDRESS:

**C: INFORMATION OF PREVIOUS SCHOOLING/EDUCATION**

NAME OF SCHOOL:   
QUALIFICATION:   
YEAR OBTAINED:

**D: SUBJECT REGISTERING FOR**

COURSES   
1   
2   
3   
4   
5   
6   
7   
8   
9

## E: DETAILS OF PARENT, GUARDIAN OR NEXT OF KIN

|                |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|----------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| SURNAME:       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| FIRST NAMES:   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| RELATIONSHIP:  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| CONTACT NO:    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| EMAIL ADDRESS: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

## F: DETAILS OF PERSON RESPONSIBLE FOR PAYMENT OF FEES ACCOUNT

|                   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|-------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| SURNAMENAME:      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| FIRST NAMES:      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| ID NUMBER:        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| POSTAL ADDRESS:   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| PHYSICAL ADDRESS: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| CONTACT NO:       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| EMAIL ADDRESS:    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

## G: DECLARATION AND UNDERTAKING (COMPULSORY)

Please read the following carefully before completing and signing the form. The term "College" refers to "Oaklands Institute of Technology".

### 1. ENTRANCE REQUIREMENTS

- a) All Candidates who comply with the minimum requirements are still subject to placement assessments.
- b) All candidates must note that the offering of a course is subject to a minimum enrolment. Any course that does not meet the minimum enrolment requirement will be cancelled.

### 2. DOCUMENTS

A certified copy, (not older than three (3) months) of the first page of your identity document (or certified copy of your passport) must accompany this application. A certified copy of your Senior Certificate or equivalent qualification must be submitted with your application. If you are still in Grade 12, your marks obtained in Grade 11 together with your most recent Grade 12 marks must be submitted. If you attended any other tertiary institution, an original academic record and a certificate of conduct, or certified copies of other certificates / diplomas / degrees obtained previously, must also be submitted. Proof of residential address of the student – in students' name or alternatively an affidavit confirming the proof of the students' address

### 3. DEPOSIT

The deposit as prescribed for the course must be paid before classes resumes and its non-refundable.

### 4. GENERAL

This form must be completed by all students applying to the College for the first time. It is in your own interest to ensure that this form is completed in full and that certified copies of all supporting documents are enclosed. If any questions are left unanswered or certified documents are not enclosed, or the contract is not signed, it will cause a delay as the form will be returned to you for completion. Write only in black ink and capital letters.

a) All international / foreign students: Have you applied for a study permit for this course in your home country or are you in possession of one? You are compelled to produce a valid study permit for specific site of delivery before you will be allowed to register.

b) International / Foreign students, have you attached a certified copy of your passport or certificate of refugee status, and the DFSAQA (Directorate: Foreign Qualifications Evaluation and Advisory Services) evaluation of your school qualification?

c) Please note: The onus rests with all international / foreign applicants to have their school qualifications evaluated by SAQA before submitting this application form. SAQA can be contacted at the call centre on 012 431-5070; fax 012 431-5146. (Online applications are recommended.)

## **5. CONTRACT BETWEEN STUDENT AND OAKLANDS INSTITUTE OF TECHNOLOGY**

I, the undersigned student, hereby declare that the above particulars furnished by me in this application form, are true and correct; that

A) I undertake to inform the Administrative Office immediately if I cancel/ interrupt my course or studies and/or change my address or any other personal details by completing the prescribed form available at the Administrative Office at the relevant Campus;

B) I fully understand that the College is entitled to cancel my registration immediately, should it become apparent that any of the particulars furnished above in this application form are false or incorrect;

C) I have acquainted myself, and in the future will keep myself acquainted with the College rules, Student Code of Conduct and Language Policy framed from time to time by the Council of the College or by any other competent body or person attached to the College;

D) I understand and agree that the College's medium of tuition is English and I accept that lecturers may make use of this language in the lecturing situation. Furthermore I undertake not to make any claims against the College regarding the medium of tuition.

E) that I undertake throughout all the years for which I am registered as student of the College, for whatever programme of study direction, to abide by all the rules and regulations referred to in (c) above, including any amendments thereof and any substitutions thereto;

F) I undertake not to bring any claim, of whatever kind against the College or any employee of the College nor in any way whatsoever to hold the College liable for any damage or loss whatever which I may incur or suffer personally or to property of mine and which directly or indirectly arises from my participation during my period of study at the College in any activity, of whatever kind, related to my studies or training or with sport or recreation of any kind whatsoever, however such damage or loss may come about, and that I will participate in any such activity on my own responsibility and will accept of my own free will the risk attached thereto;

G) I authorize the College in the event of my requiring urgent medical treatment to get appropriate medical assistance and that I accept responsibility for the payment of the costs thus incurred; I furthermore undertake to defray all legal costs arising for the College in the event of my failure to discharge any duty relating to the payments;

H) I will immediately get the necessary medical advice or treatment if I have reason to suspect that I have any contagious or infectious disease capable of creating a risk for other persons through my participation in any aspect of College activities, including, without restriction, residence in College accommodation, attendance of any instructional occasion, taking of examinations or tests or participation in College-related projects, sport or recreation; and that, if in terms of such medical advice it is desirable, I will withdraw from any such College activity; and that I indemnify the College against any liability of whatever nature that may directly or indirectly arise from the College in consequence of my failure to comply with this undertaking;

I) Exam Admission is subject to the Guidelines of the DHET National Examinations;

J) If I abandon or change my course of study after the date on which the enrolment totals were submitted to DHET, no cancellation or reduction of fees will be considered and that I will remain liable for the payment of all fees in full. I undertake to provide a detailed medical certificate in the event of illness.

K) I/my Parent/Guardian is responsibility for the outstanding debt owed to the college

l) I am liable for legal costs incurred if my account is handed over to debt collectors due to non-payment;

M) Learners are required to ensure 80% attendance per trimester or semester to qualify for examination

N) Learners are required to undertake all necessary assessment with the minimum pass rate as indicated by DHET to ensure admittance into examination and resulting.

O) Candidates are required to ensure that they do not engage themselves in examination irregularity during internal and external examinations. I will in no way hold the college accountable for irregularities for which I am found guilty.

P. Students are required to complete all outstanding payments before examination is due ie. fees must be paid in full before or on the due dates of all scheduled examination.

## 6: DECLARATION BY APPLICANT

I..... (Full Names and Surname) certify that the information given in this application form is true and correct and given in absolute good faith. I further confirm that if I am not a South African citizen I will submit proof that I have been lawfully admitted in the country and have the relevant valid documentation

|                   |           |       |
|-------------------|-----------|-------|
| _____             | _____     | _____ |
| STUDENT FULL NAME | SIGNATURE | DATE  |
| _____             | _____     | _____ |
| PARENT / GUARDIAN | SIGNATURE | DATE  |

(In case of the Student being a minor the Parent/Guardian guarantees the debt)  
IT IS COMPULSORY THAT THIS CONTRACT IS SIGNED BY ALL PARTIES CONCERNED

## 7: DECLARATION OF ACCOUNT PAYER

I..... (Full Names and Surname) do accept full responsibility for the payment of the tuition fees to the fullest amount for the applicant named ..... and accept that this stands in binding me. I confirm that all payments will be made on or before the 1<sup>ST</sup> of each month. I further agree that failure due to whatever reasons by the student to attend lectures, tests, examinations or any activity will NOT reduce my responsibility to pay the applicable fees in full.

|                 |           |       |
|-----------------|-----------|-------|
| _____           | _____     | _____ |
| PAYER FULL NAME | SIGNATURE | DATE  |

## FOR OFFICIAL USE ONLY

| DOCUMENTS HANDED IN (Tick only where applicable) |  |
|--|--|
| Copy of Senior Certificate                       |  |
| Copy of other relevant results                   |  |
| Copy of Statement of Results                     |  |
| Copy of ID (Applicant)                           |  |
| Passport Sized Photo (Applicant)                 |  |
| Copy of ID (Account Payer)                       |  |
| Proof of income (Account Payer)                  |  |

|                          |  |
|--------------------------|--|
| Student Number Allocated |  |
| Registration Fee         |  |
| Admission Fee            |  |
| Receipt Number           |  |
| Date of Registration     |  |
| Official Name            |  |
| Official Signature       |  |

ADMIN CONFIRMATION (SIGNATURE): \_\_\_\_\_ DATE \_\_\_\_\_