

**B****Centre for Open, Distance and e-Learning  
(CODeL)****PASSPORT PHOTO  
OF APPLICANT  
(Compulsory)**Please attach  
a recent  
passport  
photograph  
of yourself**STUDENT NUMBER:**     For Official Use  Academic Year Applied for:   

This application is not binding on either the applicant or the University of Namibia. All information will be treated as confidential. An application fee as specified below must accompany this application.

**Instructions:** Use block letters to complete this form where space is provided or place an "X" in the correct square. Incomplete applications will not be accepted. All certified documents will be filed - no copies will be returned to applicants. **Certification of all documents should be done by the UNAM Regional Centres.** The University of Namibia will not be held responsible for the loss of any original documents.

- Documents to be submitted with Application Form**
- 
- ID Document - certified copy or
- 
- Passport - certified copy or
- 
- Birth Certificate - certified copy
- 
- School Leaving Certificate - certified copy
- 
- Application Fee
- 
- Official Translation (Non-English Documents)
- 
- NQA Evaluation (International Qualifications)
- 
- School Results/ Rapport (Namibian Schools – Current Grade 12)

- Application Fees (Non-refundable)**
- 
- The following must be paid at the nearest Centre/Campus or into UNAM Bank Account.
- 
- (Please attach proof of payment to application form)
- ◆ Namibian Applicants (until 07 Sept) **N\$150**
  - ◆ International Applicants (until 03 Aug) **N\$300**
  - ◆ Late Namibian Applicants (until 05 Oct) **N\$300**
  - ◆ Late International Applicants (until 07 Sept) **N\$600**
- NB: Photocopied application forms may also be submitted for selection purposes**

**Completed application forms can be submitted at UNAM Campuses or Regional Centres or mailed to:**  
 The Office of the Registrar, University of Namibia, Private Bag 13301  
 Windhoek, NAMIBIA
**SECTION 1: PROPOSED COURSE OF STUDY**

Course of study for which you wish to enrol:				Indicate nearest UNAM Centre:		
First Choice:	<input type="text"/>	<input type="text"/>	<input type="text"/>	Undergraduate	<input type="text"/>	Postgraduate
Second Choice:	<input type="text"/>	<input type="text"/>	<input type="text"/>	Undergraduate	<input type="text"/>	Postgraduate

(Your second choice will be considered if your first choice application is unsuccessful.)

**SECTION 2: APPLICANT'S PARTICULARS**

Title:	Mr <input type="checkbox"/>	Ms <input type="checkbox"/>	Other (specify) <input type="text"/>
Surname:	<input type="text"/>		
First Name in full:	<input type="text"/>		Initials: <input type="text"/>

**SECTION 3: CONTACT PARTICULARS**

(NOTE: Postal addresses or telephone numbers of schools or hostels are unacceptable for application purposes, since correspondence may be mailed to you well after you have left your school or hostel.)

Postal Address (Compulsory):										Residential Address:									
<input type="text"/>										<input type="text"/>									
<input type="text"/>										<input type="text"/>									
☎ + 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"/>
Cell No:	<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"/>
Fax No:	<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"/>
E-mail: <small>Compulsory</small>	<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"/>

**NB: Only one (1) E-mail address can be used per applicant.**

FOR OFFICIAL USE ONLY:									
<b>ACCEPT FIRST CHOICE</b>	<input type="checkbox"/>	<b>ACCEPT SECOND CHOICE</b>	<input type="checkbox"/>	<b>RETURNED</b>	<input type="checkbox"/>	<b>REJECTED</b>	<input type="checkbox"/>		
<b>CONDITIONS APPLICABLE:</b>									
<input type="text"/>									
<input type="text"/>									
<input type="text"/>									
<b>OVERALL POINTS OBTAINED:</b>					<b>SYMBOLS OBTAINED:</b>				
<b>ENGLISH</b>	<input type="checkbox"/>	<b>MATHEMATICS</b>	<input type="checkbox"/>	<b>BIOLOGY</b>	<input type="checkbox"/>	<b>PHYSICAL SCIENCE</b>	<input type="checkbox"/>		

## SECTION 4: PERSONAL PARTICULARS

Date of Birth:	D	D	M	M	Y	Y	Y	Y	I.D. No.:										
Passport No.:									Marital Status:	Single				Married					
Gender:	M	F							Maiden Name:										
Mother Tongue:									Home Town:										
Citizenship:	Namibian			Other (specify)															
If not a Namibian citizen, please note that international students can only apply for study permits if the distance programme is not offered full-time																			

<b>Do you have a disability?</b>	Yes	No	<i>(for planning purposes only)</i>		
If 'yes' please specify.					
Based on your disability, do you have special needs?				Yes	No

<b>Do you suffer from any nervous affection or mental abnormality?</b>	Yes	No	<i>(for planning purposes only)</i>		
If 'yes' please give details of the nature, severity, date and duration of the illness.					

<b>Do you suffer from any other illness?</b>	Yes	No	<i>(for planning purposes only)</i>		
If 'yes' please give details of the nature, severity, date and duration of the illness.					

*(Please note that you may be contacted.)*

<b>Are you a member of the following marginalised group e.g Ovahimba, San etc...</b>	Yes	No	<i>(for statistical purposes only)</i>		
If 'yes' please attach your full birth certificate and a sworn declaration from your Regional Council Office					

## SECTION 5: EMPLOYMENT PARTICULARS (only if applicant is in full-time employment)

Name of Employer:					
Your Occupation:					
Years of Experience					
Employer's Postal Address:					
Employer's Telephone No.:					

## SECTION 6: APPLICANT'S NEXT OF KIN/LEGAL GUARDIAN PARTICULARS

*(To be contacted in case of emergency.)*

<b>Family relationship with the person whose particulars are supplied.</b>										
Father		Mother		Spouse/partner		Guardian				
Title:	Mr	Ms	Other (specify)							
Surname:										
First Names in full:									Initials	
I.D. No.:										
Home Address (next of kin/guardian):										
Tel No.: Work										
Tel. No.: Home							Cell No.:			
Employer (next of kin/guardian):										
Occupation:										
Employer's Address:										

## SECTION 7: FORMAL STATISTICAL INFORMATION

Region of Origin (Namibian Students only) NB: Where you were born and grew up.				
Karas	200		Omusati	207
Hardap	201		Oshana	208
Khomas	202		Ohangwena	209
Erongo	203		Oshikoto	210
Omaheke	204		Kavango West	211
Otjozondjupa	205		Kavango East	213
Kunene	206		Zambezi	212

## SECTION 8: SCHOOL LEAVING PARTICULARS

Last secondary school attended:	
Address of school:	
Highest grade passed:	
Current grade (if applicable):	
Date of examination:	
Examination number:	
Examination body:	

**Note: Current Grade 12 Scholars in Namibian secondary schools: Kindly submit the latest available School Rapport.**  
**Note: A certified copy of your School Leaving Certificate should accompany this application. Please furnish your NAMIBIAN School Leaving Certificate (Grade 12) if you attended a Secondary School in Namibia.**

Subject	Level ## <i>(See table below)</i>	Symbol

LEVEL			
ON = NSSC	IG = IGCSE	AL = A LEVEL	HG = HIGHER GRADE
NH = NSSC	HI = HIGCSE	OL = 0-LEVEL	SG = STANDARD GRADE
			LG = LOWER GRADE

**International students should note that only original School Leaving Certificates or an Advice of Results with a confirmation letter from the relevant Examination Council / Authority stating that certificates will be issued during the first year of registration, will be accepted. No mock results or School Rapports will be considered.**

## SECTION 9: POST-SCHOOL ACADEMIC QUALIFICATIONS

**Note: A full Academic Record issued by the institution should accompany this application.**

Student No.	From Year	To Year	Name of University/Technikon/College			
Name of Programme (e.g. BA):			Awarded:	Y		N
Have you ever been refused admission to any Tertiary Institution?				Y		N
Are you currently enrolled at the University of Namibia?				Y		N
If 'yes' please indicate course of study.						

## SECTION 10: ACHIEVEMENTS

### A. SPORT & CULTURE

Specify achievements, leadership positions and also the level(s) at which you have participated (school, club, regional, national):

Activity/Position	Level/Activity

## DECLARATION

*I hereby declare that all the particulars given in this application form are true and correct. I further declare that my enrolment as a student at the University of Namibia (UNAM) shall be subject to the terms and conditions contained in the agreement, which I shall complete and sign at registration.*

**SIGNATURE OF APPLICANT**

Date

**SIGNATURE OF GUARDIAN**

*(If applicant is under 21 years of age)*

Date

## BANK DETAILS

**UNIVERSITY OF NAMIBIA**  
**FIRST NATIONAL BANK - WINDHOEK**  
**Account number:** 55500057621 **Branch code:** 281872  
**Swift code:** FIRNNANX; **Fax number:** +264 61 206 3704/3121

OFFICIAL DATE STAMP

### FOR OFFICIAL USE ONLY:

APPLICATION FEE RECEIVED: \_\_\_\_\_ RECEIPT NUMBER: \_\_\_\_\_  
 LATE FEE RECEIVED: \_\_\_\_\_ RECEIPT NUMBER: \_\_\_\_\_

## APPLICATION FORM PROOF OF SUBMISSION

Full Name: .....  
 Received by: .....  
 Signature: .....  
 Will forward application form to which Faculty and Campus:  
 .....

OFFICIAL DATE STAMP

