

A

FULL & PART-TIME *Studies*

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.

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 Report (International Qualifications)
- School Results/ Rapport (Namibian Schools – Current Grade 12)

Application Dates and 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 06 Sept) **N\$150**
- ◆ International Applicants (until 02 Aug) **N\$300**
- ◆ Late Namibian Applicants (until 07 Oct) (Excluding School of Medicine/Pharmacy) **N\$300**
- ◆ Late International Applicants (until 06 Sep) (Excluding School of Medicine/Pharmacy) **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:	Campus	Full-Time	Part-Time
First Choice:			
Second Choice:			

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

SECTION 2: APPLICANT'S PARTICULARS

Title:	Mr		Ms	Other (specify)
Surname:				
First Name in full:				Initials:

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:	
Cell No:	
Fax No:	
E-mail: <small>Compulsory</small>	

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

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

SECTION 4: PERSONAL PARTICULARS

Date of Birth:	D	D	M	M	Y	Y	Y	Y	I.D. No.:																	
Passport No.:																										
Gender:	M		F																							
Mother Tongue:											Marital Status:	Single					Married									
											Maiden Name:															
											Home Town:															
Citizenship:	Namibian					Other (specify)																				
If not a Namibian citizen, please apply for a study permit from your country of origin.																										

Do you have an impairment or disability?	Yes		No		<i>(for planning purposes only)</i>
If 'yes' please specify and attach documents specifying your condition.					
Based on your disability, do you have special needs?				Yes	No
If 'yes' briefly state your additional needs arising from the above mentioned impairment or disability.					

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

Are you a member of the following indigenous group e.g Ovahimba, San etc...	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: APPLICANT'S NEXT OF KIN/LEGAL GUARDIAN PARTICULARS*(To be contacted in case of emergency.)*

Family relationship with the person whose particulars are supplied.												
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 6: 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 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 (Best 5 Subjects, including English and Faculty compulsory subjects where applicable)	Level ## <i>(See table below)</i>	Symbol

LEVEL			
ON = NSSC	IG = IGCSE	AL = A LEVEL	HG = HIGHER GRADE
NH = NSSC	HI = HIGCSE	OL = O-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.

An acknowledgement report from NQA should accompany this application form. Kindly note that an NQA evaluation takes a minimum of 30 days.

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, sign and submit at registration.

SIGNATURE OF APPLICANT	<input type="text"/>	Date	<input type="text"/>
SIGNATURE OF GUARDIAN <i>(If applicant is under 21 years of age)</i>	<input type="text"/>	Date	<input type="text"/>

BANK DETAILS

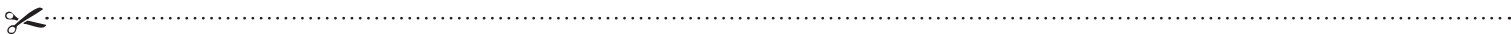
UNIVERSITY OF NAMIBIA
FIRST NATIONAL BANK - WINDHOEK
Account number: 55500057621 **Branch code:** 281872
Swift code: FIRNNANX; **Fax number:** +264 61 206 3704/3121

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

