PASSPORT PHOTO POSTGRADUATE Studies **OF APPLICANT** (Compulsory) Please attach STUDENT NUMBER: 0 f f a recent passport Academic Year Applied for: photograph of yourself The closing date for applications: 23 February 2022 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 Late Application Fees (Non-refundable) **CERTIFIED COPIES** The following must be paid at the nearest Campus or into UNAM Bank Account. ID Document or Passport School Leaving Certificate - (if available) (Please attach proof of payment to application form) Applicantion Fee Proof of Payment Namibians N\$300 (late application fee) ٠ Official Translation (Non-English Documents)(Compulsory) NQA Evaluation Report (International Qualifications)(Compulsory) International N\$600 (late application fee) Academic Transcript(s) (Compulsory) NB: Photocopied application forms may also be submitted for selection purposes Degree Certificate(s) (Compulsory) All Masters of Education (Attach Proof of teaching experience Completed application forms can be submitted at UNAM Campuses or Regional Centres or mailed to: letter)(Compulsory) Research Topic Concept Note for all Masters (By Thesis) & Doctorates (Compulsory)

SECTION 1: PROPOSED COURSE OF STUDY

Course of study for which you wish to enrol:	Campus	Full-Time	Part-Time
First Choice:		*Qualification Cod	e
Second Choice:		*Qualification Cod	e

(Your second choice will be considered if your first choice application is unsuccessful.)[*See qualification code]

SECTION 2: APPLICANT'S PARTICULARS

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

SECTION 3: CONTACT PARTICULARS (COMPULSORY)

Postal Address (Compulsory):											Re	sider	ntial	Addr	ess:	(Con	npuls	sory)	:			
🖀 + Code:																						
Cell No: Compulsory																						
Fax No:																						
E-mail: Compulsory																						

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

FOR OFFICIAL USE ONLY:			
ACCEPT FIRST CHOICE	ACCEPT SECOND CHOICE	RETURNED	REJECTED
CONDITIONS APPLICABLE:			

SECTION 4: PER	50N	AL F	PART	FICU	LAR	S																							
Date of Birth:	D	D	M	M	Y	Y	Y	Y]			I.D	No.:																
Passport No.:													Marita	al St	atus:			Sir	ngle	9			Married						
Gender:	м		F										Maide	en Na	ame:														
Ethnic Group:									Home Town:																				
Citizenship:		Nan	nibia	n		(Other	·(spe	ecify)																				
	lf n	ot a	Nam	ibian	citiz	en, p	pleas	e ap	ply fo	r a st	udy	permi	from	your	cour	ntry	of	origi	in.										
																			7.6		1								
Do you have a disa	bility	?								Ye	s				No				U	or p	iann	ing	pur	pos	ses o	nıy)		
If 'yes' please speci	fy.																												
Based on your disa	bility	, do y	/ou h	ave s	speci	al ne	eds?											`	Yes							No)		
Do you suffer from	any	nerv	ous	afflio	tion	or m	nenta	l abr	norma	ality?			Yes				١	lo				(fo	r pla	ann	ing p	our	pose	s on	ly)
If 'yes' please give o	letail	s of	the n	atur	e, sev	verity	, dat	e and	d dura	ation	of th	e illne	SS.																
Do you suffer from	any	othe	r illr	nessî	?								Yes				N	lo				(fo	r pla	ann	ing p	our	pose	s on	ly)
If 'yes' please give o	letail	s of	the n	atur	e, sev	verity	/, dat	e ano	d dura	ation	of th	e illne	SS.																

(Please note that you may be contacted.)

Are you a member of the following marginalised group e.g Ovahimba, San etc	Yes		No		(for statistical purposes only)
If 'yes' please attach your full birth certificate and a sworn declaration from your	Regio	nal (Counc	il Of	fice

SECTION 5: EMPLOYMENT PA	ARTICULARS (only if applicant is in full-time employment)
Name of Employer:	
Your Occupation:	
Employer's Postal Address:	
Employer's Telephone No.:	

SECTION 6: APPLICANT'S NEXT OF KIN/LEGAL GUARDIAN PARTICULARS (COMPULSORY)

(To be contacted in case of emergency.)

Family relationship	o wit	h the per	son wł	nose pa	articu	lars a	are s	upp	lied.										
Father		Mc	other			Sp	ouse	e/pa	rtner			Gua	ardian						
Title:				Mr					Ms						Other (specify)				
Surname:											•								
First Names in full:																Initials			
I.D. No.:																	·		
Home Address (nex	t of k	kin/guardi	ian):	•						•	•								
Tel No.: Work																			
Tel. No.: Home												С	ell No	.:					
Employer (next of ki	in/gu	ıardian):	,																
Occupation:																			
Employer's Address	5:																		

SECTION 7: FORMAL STATISTICAL INFORMATION

Region of Origin (Namibian Students only)				
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: 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 Univers	ity/Technikon/Co	llege			
Name of Programme (e.g. BA):				Awarded:	Y		N	
Student No.	From Year	To Year	Name of Univers	ity/Technikon/Co	llege			
Name of Programme (e.g. BA):				Awarded:	Y		N	
Student No.	From Year	To Year	Name of Univers	ity/Technikon/Co	llege			
					_			
Name of Programme (e.g. BA):				Awarded:	Y		N	
Student No.	From Year	To Year	Name of Univers	ity/Technikon/Co	llege			
Name of Programme (e.g. BA):				Awarded:	Y		N	
Have you ever been refused admission	n to any Tertiary Insti	tution?			Y		N	
Are you currently enrolled at the Univ	ersity of Namibia?				Y		N	
If 'yes' please indicate course of study	<i>.</i>					. 1		

An NQA evaluation should accompany this application form, for any qualifications not obtained at UNAM. Kindly note that an NQA evaluation takes a minimum of 30 days.

SECTION 9: ACHIEVEMENTS

A. GENERAL		
Indicate any leadership/manageria	al positions held:	
Position	Field of Activity	Number of Years

NB: All Masters by Thesis and Doctorates by Dissertation are expected to submit a Research Topic Concept Note (Maximum 2 pages) together with the application form. No consideration will be given to applications without this concept note. Master of Education applicants should provide proof of teaching experience. (Compulsory)

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

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



FOR OFFICIAL USE ONLY:

APPLICATION FEE RECEIVED:

RECEIPT NUMBER: _____

RECEIPT NUMBER: _____

APPLICATION FORM PROOF OF SUBMISSION

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

LATE FEE RECEIVED: _____



OFFICIAL DATE STAMP