# Recognition of Prior Learning (RPL)

**PASSPORT PHOTO OF APPLICANT** (Compulsory)

> Please attach a recent passport photograph of yourself



Academic Year Applied for:

The closing date for applications: 30 June 2023 NO LATE APPLICATIONS WILL BE CONSIDERED

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

- · Certified copy of ID document/passport
- Certified copy of highest school certificate (If applicable)

STUDENT NUMBER:

- Certified copies of certificates of tertiary qualifications obtained (If applicable)
- Certified tertiary academic record (If applicable)
- NQA evaluation of foreign qualification (If applicable)
- A brief job description of current position (If applicable)
- An Extended CV

## Application Fees (Non-refundable)

**International Applicants** 

The following must be paid at the nearest Centre/Campus or into UNAM Bank Account.

- Namibian Applicants
- N\$ 150 (N\$ 600 upon Portfolio request) N\$ 300 (N\$ 700 upon Portfolio request)
- 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: PROPO	SED COUR	SE OF ST	JDY										
First Choice							Secor	d Choice					
Undergraduate	Post	graduate		Cam	pus				•				
SECTION 2: APPLI	CANT'S PA	RTICULAF	RS										
Title:		Mr		Ms		Other (spe	ecify)						
Surname:													
First Name in full:											I	nitials:	
SECTION 3: CONTA	CT PARTIC	ULARS											
Postal Address (Co	ompulsory)	:				F	Reside	ntial Addres	SS:				

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

# **SECTION 4: PERSONAL PARTICULARS**

Date of Birth:	D	D	M	M	Υ	Υ	Υ	Υ						I.D. No.:									
Passport No.:														Marital Status:	5	Sing	le		N	1arr	ied		
Gender:	М		F											Maiden Name:									
Ethnic Group:														Home Town:									
Citizenship:		Nar	nibia	n		(	Other	r(spe	ecify)					-									
	lf n	nt a	Nam	ihian	citiz	en r	leas	e ani	alv fo	rac	study	, ner	mit f	rom your country of or	inir	1							

If not a Namibian citizen, please apply for a study permit from your country of origin.

## **RPL Process**

🕿 + Code: Cell No: Fax No:

Application	Recording (Database)	Assisted portfolio development	Assessment	Interview / Demonstration (When Necessary)	Admission Recommendation	Registration	Appeals (If Applicable)
<b>→</b>	<b>→</b>	<b>—</b>	<b></b>		<b></b>	0	

SECTION 4: PERSO	ONAL PART	ICULA	เร																					
Do you have an impa	airment or di	sahility?	<b>,</b>				,	Yes		Τ	Τ		N	_				(for	plan	nina i	ourpose	es or	ılv)	
If 'yes' please specify				cifvir	na vo	าเมา				+			- 14	_				0	,					
Based on your disabi			-		.9 ) -												Ye	es		П			No	
If 'yes' briefly state yo					n the	e ab	ove r	menti	oned	impa	airm	nent	or c	disa	 bilit	V.								
, , ,				,												,								
Do you suffer from a	ny narvous :	affliction	or me	ontal	ahr	nori	malit	v?		Τ,	Yes					No				(for	planni	na p	urposes	onlv)
If 'yes' please give de									he ill							140				0 -	-	31		- //
, p g			,,								-													
Are you a member o	f the fellowin					~ 0		- h- (	C					T	es	Π		Vo			statist	ioal i	ourposes	2 0 0 (1)
If 'yes' please attac						_					fro	m v	/OLI			nal			il Of		Stutisti	cui p	ourposes	oriiy)
ii yes piedse ditu	err your run	DII CII C				<u> </u>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ii ac	Ciuiu			''' у		- 110	-610	71101								
SECTION 5: APPLI	ICANT'S NE	XT OF I	KIN/L	EGA	L G	UA	RDIA	AN PA	ARTI	CUL	AR	 S												
(To be contacted in cas	se of emergen	cy.)																						
Family relationship	with the pers	son who	se par	ticul	ars	are	supp	olied.																
Father	Мо	ther			Sp	oou	se/pa	artner	ŕ			G	uar	diar	า									
Title:			Mr					Ms	5								C	ther	(spe	ecify)				
Surname:																			•					
First Names in full:																				Init	als			
I.D. No.:																								
Home Address (next	of kin/guardi	ian):								-	1													
Tel No.: Work																								
Tel. No.: Home													Cel	ll N	0.:									
Employer (next of kin	n/guardian):	,																						
Occupation:																								
Employer's Address:																								
SECTION 6: WORK	EXPERIEN	ICE																						
Current and previous	s employmei	<b>nt</b> (If app	licable	e)																				
Please list your work ex	perience starti	ing with th	ne most	t rece	nt wo	ork e	experi	ence:																
Employer: Com	pany name			Jo	ob T	itle				Pe		l in t Fror			itio	n:			Nan		ct sup		isor Numbe	er.
			,																					
Voluntary work: Expo Describe your involvement your application. Give re	ent in voluntee	r work. In	dicate t	he or	ganis	satio	on, typ	e of p	roject	, your	role	e (e.g	. sec	creta	ary) a	and t	he le	earni	ng th	at you	obtain	ed th	at is rele	evant to
Company / Org	ganization				Rol	e					Pe	riod	invo	olve	ed						Refere	nce		
									$\neg \top$															

Region of Ori	gin (Na	mibia	n Students only	NB:	Where y	you were born an	d grew up.									
Karas	200		Erongo	203		Kunene	206		Ohangw	/ena	209		Kavan	go East	213	
Hardap	201		Omaheke	204		Omusati	207		Oshikot	0	210		Zambe	ezi	212	
Khomas	202		Otjozondjupa	205		Oshana	208		Kavang	o West	211					
SECTION 8.	EDIIC	ATION	N AND TRAINI	MC												
SECTION 6.	LDOCA	ATTO	TAND INAINI	10												
HIGHEST SCH	100L EI	DUCA	TION (e.g. Grade	12)												
Highe	est Scho	ool Qu	alification			N	lame of S	School					Year	Obtained	l	
TERTIARY QU (Please enter p			NS OBTAINED rtificates, diploma	s etc.	which y	ou have received	for attendi	ng form	nal course	s/prograr	nmes	.)				
	Qualifi	icatior	1			Institu	tion				D	uration		Year	Obtai	ned
			IS NOT COMPLE			ou have received	for attendi	ng forn	nal course	s/prograr	nmes	.)				
	Qual	ificati	on				Institut	ion					D	uration		
				$\dashv$												
CURRENT ST	UDIES	(if appli	icable)													
	Qual	ificati	on				Institut	ion					D	uration		
OTHER WORK	<b>KSHOP</b> , owing inf	<b>/ TRA</b> lformati	INING / SHORT (	COUI	RSES / acquired	CONFERENCE Via short course	<b>S</b> s, training	and oth	ner worksł	nops.						
Name	of cours	se / w	orkshop			Institut	ion			Date		Dura	tion	Asse Was any eval knowledge If yes, please	done? Yes	kills & /No

**SECTION 7: FORMAL STATISTICAL INFORMATION** 

A. SPORT & CULTURE		
Specify achievements, leadership positions a	nd also the level(s) at which you ha	ve participated (school, club, regional, national):
Activity/Position		Level/Activity
DECLARATION		
I hereby declare that		
find me competent for admission on acc B. I accept responsibility for the prompt pa	count of my prior learning for admissyment of all accounts as issued by the looks irrespective of whether I amed I have included may be verified to a dable.  admission no credit will be granted	n found competent or not yet competent through the RPL production determine its authenticity.  as a result of the process
I AGREE WITH THE ABOVE MENTIONED	) UNDERTAKING	YES NO
SIGNATURE OF APPLICANT		Date
BANK DETAILS  UNIVERSITY OF NAMIBIA FIRST NATIONAL BANK - WINDHOEK Account number: 55500057621 Branch code: 281872	OFFICIAL DATE STAM	Tacuny
Swift code: FIRNNANX; Fax number: +264 61 206 3704/3121		on(
	FOR OFFICIAL USE	ONLY-
A DDL 10 ATION FFF DF0F1//FD		PT NUMBER:
ALL LIGATION I LE NEGELVED:	NECEII	THOMBEN
APPLICATION FORM PROOF OF SUBMI		
Full Name:		. 14
Received by:		
Received by: Signature:		OFFICIAL DATE STAMP