



# MY APPLICATION FOR UNDERGRADUATE ADMISSION IN 2014

- Apply online. Use this booklet only if you do not have access to the internet.
- If you are currently registered at UCT you must apply online.
- Your *My 2014 Undergraduate Application Diary* includes notes and all the code tables you need when completing this form. Information in shaded areas maybe found in *My 2014 Undergraduate Application Diary*.
- Please complete this form in CAPITAL LETTERS in ink (or a ballpoint pen).
- Return this completed form by post or in person. This form **must not be faxed or emailed**.

FOR OFFICE USE												
APPLICANT NUMBER:												
BATCH:					CAPTURER:							
RECEIPT NUMBER:							Date:	D	D	M	M	201Y
AMOUNT RECEIVED:							R					.

## SECTION A1

## PREVIOUS APPLICANT NUMBER

HAVE YOU EVER APPLIED TO OR BEEN REGISTERED AT UCT BEFORE?

Please tick:

YES

☐

NO

☐

If YES, enter your Applicant / Student Number:

## SECTION A2

## NATIONAL BENCHMARK TEST (NBT) NUMBER

All applicants to Undergraduate Programmes normally resident, or at school, in South Africa, and all Health Sciences applicants, wherever resident, must write the NBTs. If you are required to write the NBTs, you must register for NBTs before submitting this form. Enter your 14-digit NBT registration number, or if you wrote the NBTs in a previous year, your 13-digit registration number and the year the NBTs were written.

If NBTs were written previously, state year:

2013 test date:

## SECTION B

## PERSONAL DETAILS

Title (Table H):  
(Mr, Mrs, Miss, Ms):Date  
of Birth:Surname /  
Last Name

First Names:

Preferred First  
Name:Other former  
last name:Last Name on  
National Senior  
Certificate (for  
NSC writers only):

To complete the following:

Marital Status (Table H):

Sex (Table H):

Home Language (Table H):

If you are a South African citizen or permanent resident in South Africa, please provide the following:

\*Population Group / Self-declared race group (Table H):

SA Identity Number:

\*See Admissions policy on page 7 of the 2014 Undergraduate Prospectus

If you are a citizen or permanent resident in a country other than South Africa, please provide details here:

Country (Table I):

Citizenship status (Table H):

Passport number (where available)

Will you need assistance because of a disability?  
(Please tick)

YES

☐

NO

☐

If YES, you must specify the disability (Table H):

## SECTION C

## PROGRAMMES OF STUDY FOR WHICH YOU ARE APPLYING

Choice	Academic Plan Code (Table A)									
1st Choice										
2nd Choice										

## SECTION D

## CONTACT DETAILS

Home (Street) Address:


Postal / Zip Code:

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Home (Postal) Address: (if different from Home (Street) Address)


Postal / Zip Code:

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Country Tel Code: Dialling Code:

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Telephone Number:

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Country Tel Code:

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Cell / Mobile Number:

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Country Tel Code: Dialling Code:

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Fax Number:

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E-mail Address:

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## SECTION E

**PARENT / GUARDIAN DETAILS** (compulsory if you are under 18 years or if you are applying for financial assistance).

Title (Table H):

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Surname / Last Name of Parent / Guardian:

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First Names of Parent / Guardian:

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Parent / Guardian Address (if different from your address above):


Postal / Zip Code:

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Country Tel Code:

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Country Tel Code:

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Country Tel Code:

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Cell / Mobile Number:

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Dialling Code:

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Dialling Code:

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Telephone Number:

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Fax Number:

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E-mail Address:

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Identity / Passport Number of Parent / Guardian:

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Relationship to you:

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Relationship (Table J):

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**PROOF OF ALL INCOME  
MUST BE ATTACHED**

1. If widowed, provide certified copy of death certificate of deceased spouse.      2. If divorced, provide certified copy of full divorce agreement.

**PROOF OF ALL INCOME  
MUST BE ATTACHED**

1. If widowed, provide certified copy of death certificate of deceased spouse. 2. If divorced, provide certified copy of full divorce agreement.

FAMILY MONTHLY INCOME AND EXPENDITURE STATEMENT (To be completed by your parent(s) and / or your guardian and/or your spouse.)			
INCOME	RAND VALUE	EXPENDITURE	RAND VALUE
1) Salaries (combined)		Rent	
2) Business		Bond	
3) Informal Selling (hawking)		Loans	
4) Pensions		Rates	
5) Disability Grants		Groceries	
6) Foster Grant		Maintenance	
7) Child Grant		Telephone	
8) Rental Income		Clothing	
9) Estate/Trust Fund Income		Transport	
10) Investment Income		Motor vehicle/s	

DETAILS OF ALL PERSONS DEPENDENT ON THE FAMILY INCOME (Completion of this section is compulsory.)					PROOF OF ALL INCOME MUST BE ATTACHED	
<p><b>Certified copies of birth certificates or ID documents of all household members to be attached.</b></p> <ul style="list-style-type: none"> <li>Please list ALL those who are dependent on the family's total monthly income.</li> <li>If you have a brother(s) or sister(s) studying at another tertiary institution please provide proof of his / her / their registration and indicate his / her / their year of study.</li> <li>Provide proof of guardianship if parents are supporting extended family members</li> </ul>						
Name	Age	How is this person related to you (e.g. mother, wife, son)	If the person is not part of your immediate family, state why the person is a dependant.	Please state which of the following categories the person falls into: pre-school child; scholar; student at a College, University of Technology or University; adult.	Indicate the type of income received by the dependants. Wages /Salary / Pension/ Child Support / Interest on Investment / Business Profit	

<b>OFFICE USE ONLY</b> _____ _____ _____
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## DETAILS OF ASSETS

Details of property(s) owned by you/your spouse / your mother / your father / your legal guardian:

Description and Address	Market Value (provide proof)	Monthly Bond Repayment (provide proof)	Bond Balance
1)			
2)			
3)			

Provide proof of lease agreement if renting your home

Details of motor vehicle(s) owned by you or your spouse/mother/father/legal guardian:

Description of Motor Vehicle(s)	Year	Market Value	Balance Owning
1)			
2)			
3)			

UCT WILL NOT HESITATE TO TAKE LEGAL ACTION IF SIGNATURES OR INFORMATION HAVE BEEN WILFULLY FORGED OR FALSELY GIVEN. INCOMPLETE AND UNSIGNED FORMS WILL NOT BE CONSIDERED.

### Declaration by biological parent/spouse/court-appointed legal guardian

(To be completed by parent /spouse or legal guardian even if student is over 21 years of age.)

I \_\_\_\_\_ and I \_\_\_\_\_ declare that the information stated in Section C  
(Mother / Guardian / Spouse) (Father)

is true to the best of my knowledge and belief. I have submitted this information knowing that, if tendered in evidence, I would be liable for prosecution if I wilfully state in it anything which I know to be false or which I do not believe to be true. In the interest of good governance and accountability for Public Funds, I agree that the University may request my individual profile from the Transunion Credit Bureau to verify my employment details.

Date: 

D	D	M	M	2	0	1	3
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\_\_\_\_\_  
(Signature Mother / Guardian / Spouse) (Signature Father)

As witnessed by \_\_\_\_\_  
(Signature of witness) (Initials and last name of witness)

**DECLARATION BY APPLICANT/STUDENT:** I \_\_\_\_\_ hereby declare that the information stated in this application, including the information about my parents/spouse/legal guardian in Section C, is true to the best of my knowledge and belief. I have submitted this information knowing that, if I wilfully stated in it anything which I know to be false or which I do not believe to be true, I may be declared ineligible for all financial assistance, and any financial assistance already granted may be withdrawn and any sums paid to me or on my behalf may be recovered from me and disciplinary action may be taken against me, either in the university courts or in the civil courts. I further undertake to inform the Student Financial Aid Office of any change in my circumstances. I acknowledge that should I fail to do so and continue to receive financial assistance which I would not be entitled to by reason of my changed circumstances, the University may have recourse against me in any of the ways set out above.

Date: 

D	D	M	M	2	0	1	3
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\_\_\_\_\_  
(Signature of applicant / student)

### PLEASE TICK THE CHECKLIST TO ENSURE THAT YOU HAVE ATTACHED ALL THE NECESSARY DOCUMENTS

☐ Certified copies of birth certificates or ID's of all members of the family

IF PARENTS ARE EMPLOYED by a company:

☐ Attach salary/wage slips of both parents

IF PARENTS/ GUARDIAN/ SPOUSE ARE A SOLE PROPRIETOR:  
The following documents must be provided:

☐ Income statements and balance sheet and IT12 (last 2 years)

☐ IT3 (b) Income Tax Certificate from the Bank, Statement of Personal Assets and Liabilities (last 2 years)

☐ Personal Bond statement

☐ Council rates account or a copy of the Lease agreement if renting

IF PARENTS / GUARDIAN / SPOUSE ARE AN INFORMAL TRADER / HAWKER:  
The following documents are required:

☐ Proof of Income

☐ Bond statement and Council rates account OR

☐ a copy of the Lease agreement if renting accommodation.

IF PARENTS ARE EARNING COMMISSION:  
The following documents must be provided:

☐ IRP5, IT3 and IT12 (last 2 years)

IF PARENTS/ GUARDIAN/ SPOUSE OWN OR ARE MEMBERS  
A CC AND/OR A PTY(LTD):

The following documents are required:  
Complete Financial statements signed by members and person(s)  
drawing up the statements which should include,

☐ An Income Statement, Balance Sheet, Cash Flow statement,  
Notes, IT14 - Tax return for the business (last 2 years)

☐ IT12 - Tax return for the individual (last 2 years)

☐ IT3(b) Income Tax Certificate from the Bank (last 2 years)

☐ Statement of Personal Assets and Liabilities (last 2 years)

☐ Personal Bond statement.

IF PARENTS/ GUARDIAN/ SPOUSE ARE UNEMPLOYED  
The following documents must be provided:

☐ Official letter from the Department of Labour  
proving unemployed status

☐ Bond statement and Council rates account OR a  
copy of the Lease agreement if renting accommodation.

☐ Proof of how the family is being supported financially.

☐ If parent/guardian receives income such as pension/  
grant/maintenance/rental/interest from investment,  
please submit proof thereof.

# Biographical Profile

(We need this information to establish if your profile matches the profile for named bursaries/loans/scholarships.)

First Names:	Surname / Last Name:
<div></div>	<div></div>

## ACHIEVEMENTS / PARTICIPATION IN THE FOLLOWING AT BOTH SCHOOL AND POST-SCHOOL LEVEL. PLEASE GIVE AS MUCH INFORMATION AS POSSIBLE:

Academic:

Leadership Roles:

Community Service:

Cultural activities:

Sports / Hobbies:

## FAMILY AND PERSONAL INFORMATION:

What kinds of work do your mother and father do?

How many brothers and sisters do you have who are not at school or at a tertiary institution but are dependent on the family income? What are they doing?

If they are not employed, tell us who is supporting the family?

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Please tell us in what area your parental home is; is it a residential suburb or is it a rural area?

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Please tell us why you chose this field / these fields of study.

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Is there anything special you would like to tell us about yourself?

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SOME BURSARIES HAVE CONDITIONS SET BY BEQUEST OR BY DONORS.  
IF APPLICABLE, TICK THE RELEVANT ANSWERS

Your descent? Old Dutch ☐ Huguenot ☐ German ☐ Namibian ☐ British ☐

Is / was your father / grandfather a freemason? Yes ☐ No ☐ If yes, which Lodge? \_\_\_\_\_

Did your parents / grandparents serve in World War 2? Yes ☐ No ☐ If yes, please attach supporting documents

Have your parents owned property in the Cape Town Municipal area for more than 10 years? Yes ☐ No ☐

Are you a dependant of an employee / deceased employee/pensioner of Transnet, Cape Western Region? Yes ☐ No ☐

If yes, please furnish membership number: \_\_\_\_\_

Music students: 1st 2nd 3rd instrument: 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_

Main teaching subjects: 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_  
(for those intending to teach)

## PERSONAL REPORT FOR ALL SCHOOL-LEAVING APPLICANTS TO HEALTH SCIENCES

- ## 1. BIOGRAPHICAL DATA

[illegible][illegible]

☐ MBChB    ☐ BSc Physiotherapy    ☐ BSc Occupational Therapy    ☐ BSc Audiology    ☐ BSc Speech-Language Pathology

[illegible][illegible]

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[illegible]

Postal / Zip Code:

1

Town

7

7

[illegible][illegible][illegible][illegible][illegible][illegible]

9

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7

7

7

## Clubs and



	Grade 10	Grade 11	Grade 12	Comment briefly (if you wish) e.g. if more than one team / organisation under e), f) or g)
a) Head girl / boy				
b) Deputy head girl / boy				
c) School Prefect / Student Council				
d) Hostel prefect				
e) Captain of sports team/s				
f) Vice-Captain of sports team/s				
g) Chairperson of school organisation/s or committee/s				
h) Editor of school newspaper				
i) List other leadership position/s in or outside of high school and give school grade you were in				

**4. COMMUNITY SERVICE/VOLUNTARY WORK DURING HIGH SCHOOL YEARS**

(in and outside of school). Attach letters confirming involvement for any activities outside of your school.

Organisation	Grade 10	Grade 11	Grade 12	Weekly (W), Monthly (M) Irregularly (I) or Once-off (O)?	Did your school organise this (S) or did you initiate this (I)?	Have you attached proof of your involvement in activities outside school? (YES or NO)
a)						
b)						
c)						
d)						
e) Give details of any OTHER contribution you may have made to your school or community during your high school years, and indicate when you took part in this activity.						

**5. CULTURAL ACTIVITIES, CLUBS, SOCIETIES etc. DURING HIGH SCHOOL YEARS** (in or outside school)

(e.g. church, school or other choir, musical instrument, debating society) Attach letter of proof for each activity outside your school.

Organisation	Grade 10	Grade 11	Grade 12	Several times a week (SW); weekly (W); monthly (M) Irregularly (I)	HIGHEST or any other SPECIAL ACHIEVEMENT	Have you attached proof for activities outside of school? (YES or NO)
a)						
b)						
c)						
d)						

**6. SPORTING ACTIVITIES INSIDE OR OUTSIDE SCHOOL, DURING YOUR HIGH SCHOOL YEARS**

(Attach proof of club / provincial / national level activities outside of school)

a) List up to 3 sports in which you participated regularly while at high school.	1.			2.			3.			Have you attached proof of activities outside of school?
	Grade 10	Grade 11	Grade 12	Grade 10	Grade 11	Grade 12	Grade 10	Grade 11	Grade 12	
b) in which grade/s? (TICK)										
c) At which level did you participate?										
(i) Social										
(ii) Club										
(iii) School										
(iv) Provincial										
(v) National										
Describe any exceptional achievement										

**7. WHAT OTHER ACTIVITIES OR ACHIEVEMENTS DURING GRADES 10 TO 12, OR AFTER GRADE 12,****DO YOU WISH TO HIGHLIGHT IN SUPPORT OF YOUR APPLICATION?** (e.g. part-time work, first-aid training)  
(Attach proof from organisation or a letter from a person of authority who is not family if this is not a school activity)

Nature of activity	Grade	Have you attached proof of activities outside of school? YES or NO

**8. VERIFICATION BY SCHOOL PRINCIPAL OR OTHER SCHOOL AUTHORITY OF ACCURACY OF SECTIONS 2 TO 7**

Name		Which section/s are you unable to verify?(eg. 2b)	SCHOOL STAMP
Position (e.g. principal)			
Telephone Number			
Signature		Please submit separately any additional comments you may have.	

Send completed, signed form to the UNDERGRADUATE ADMISSIONS OFFICE, FACULTY OF HEALTH SCIENCES, UNIVERSITY OF CAPE TOWN, P/BAG X 3, OBSERVATORY 7925 by **30 SEPTEMBER 2013**. Queries: Tel 021-406 6328

If you are not at school, applying for admission to a programme in the Faculty of Health Sciences, and you wish to submit a C.V., complete and submit separately.

## SECTION J-2

**CURRICULUM VITAE FOR ALL FACULTY OF HEALTH SCIENCES APPLICANTS NOT AT SCHOOL IN 2013**

- Please note that the C.V. will be assessed only for those applicants who obtain competitive NSC (or equivalent) and NBT points.
- If you do not supply evidence required for activities outside of your school you will not get points for those activities.

## 1. BIOGRAPHICAL DATA

First names and Surname / Last Name:

[illegible]

Applicant number or Identity / Passport Number

[illegible]

DEGREE FOR WHICH YOU ARE APPLYING (Please tick one)

☐ MBChB    ☐ BSc Physiotherapy    ☐ BSc Occupational Therapy    ☐ BSc Audiology    ☐ BSc Speech-Language Pathology

Physical Home Address:

[illegible]

Province:

[illegible]

Dialling Code:

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Telephone Number:

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Dialling Code:

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Cell / Mobile Number:

[illegible]

TICK IF YOUR HOME ADDRESS IS IN ONE OF THESE

☐ City/Metro ☐ Town ☐ Urban Township ☐ Rural Village/Farm

## 2. SCHOOL DATA

Name of last primary school attended:

[illegible]

City / town, province &amp; postal code of primary school:

[illegible]

Name of last high school attended:

[illegible]

City / town, province &amp; postal code of high school:

[illegible]

Name of previous high school (if applicable):

[illegible]

City / town, province &amp; postal code of high school:

[illegible]

DID YOUR LAST HIGH SCHOOL  
OFFER THESE FACILITIES? (Tick block)

☐ Library      ☐ Sports Fields      ☐ Science Laboratory/ies      ☐ Computer Facilities      ☐ Clubs and Societies

## CURRICULUM VITAE (C.V.)

In a C.V. Of not more than 300 words, give an account of your extra-curricular activities at, and since leaving school. We would be interested in all forms of community engagement, team or individual sporting activities and achievement, leadership roles, hobbies/interests and cultural activities. If there are other activities and achievements that you wish us to know about please include these. Supporting documentation that proves your involvement should be attached.

Submit:

- (a) this form  
(b) your C.V.  
(c) all supporting documentation

To: The Undergraduate Admissions Office  
Faculty of Health Sciences  
University of Cape Town  
Private Bag X3  
7925 Observatory

By no later than 30 September 2013.



APPLICANT NUMBER:

### FOR BACHELOR OF ARTS IN FINE ART APPLICANTS

- Return to: The Secretary  
The Michaelis School of Fine Art  
Hiddingh Campus  
31-37 Orange Street  
Gardens  
8001 Cape Town

First Names:

[illegible]

Surname / Last Name:

[illegible]

Home (Street) Address:

[illegible]

Dialling Code:

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Cell / Mobile Number:

[illegible]

Dialling Code:

--	--	--

Telephone Number:

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Postal/Zip Code:

E-mail Address:

[illegible]

Date of birth:

D	D	M	M	Y	Y	Y	Y
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Sex:

Male

1

Female

1

Enter the school subjects that you are writing, or have completed and the symbols that you achieved in your last examination

Subject	Grade	Subject	Grade

If you are not at school this year please complete the following section:

Date Matriculated

D	D	M	M	Y	Y	Y	Y
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Will you qualify for eligibility to do degree studies (or have you previously qualified to do so)?

Yes

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No

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Give detailed information of what you have done since leaving school on a separate sheet.

Please indicate whether a BA Fine Art is your first or second choice in your general application for admission to UCT.

First choice:

--	--

Second choice:

--	--

Write a motivation (250-500 words) why you want to study Fine Art, and indicate your future goals.

**SECTION K****FOR BACHELOR OF ARTS IN FINE ART APPLICANTS continued**

FINE ART

**DECLARATION OF AUTHENTICITY OF WORK**

The portfolio submitted with this form is my own work:

Signature of Applicant: \_\_\_\_\_

Date: 

D	D	M	M	2	0	1	Y
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## ARCHITECTURAL

- Return to: The Secretary  
The School of Architecture  
University of Cape Town  
Private Bag X3  
7701 Rondebosch

APPLICANT NUMBER:

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**FOR BACHELOR OF ARCHITECTURAL STUDIES (BAS) APPLICANTS**[illegible][illegible]

NO ☐

NO ☐

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**If you are NOT at school this year please complete the following section:**

NO ☐NO ☐

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11

11

7

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# FOR OFFICE USE

APPLICANT NUMBER:

## SECTION M

## UPDATING OUR ALUMNI INFORMATION

- NOTE**
- Please complete this form if either or both your parents or your spouse or a brother or sister has studied at UCT in the past.
  - The UCT Alumni Office strives to maintain contact with our alumni/ae. In order to do so we need your help.
  - This information is not used in the admissions process.
  - Enquiries: **UCT Alumni Office:** Tel: 021 650 3745 Fax: 021 650 5628  
E-mail: alumni@uct.ac.za Website: www.alumni.uct.ac.za

### IF YOUR SPOUSE IS AN ALUMNUS / ALUMNA, PLEASE GIVE

His / Her Names: \_\_\_\_\_  
 His / Her Former Names (if applicable): \_\_\_\_\_  
 His / Her years at UCT: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
 His / Her Qualification(s) from UCT: \_\_\_\_\_  
 Home Address: \_\_\_\_\_  
 \_\_\_\_\_ Code: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_  
 Is He / She receiving: **UCT Alumni news?** YES ☐ NO ☐

### IF YOUR MOTHER IS AN ALUMNA, PLEASE GIVE HER

Names: \_\_\_\_\_  
 Former Names (if applicable): \_\_\_\_\_  
 Years at UCT: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
 Qualification(s) from UCT: \_\_\_\_\_  
 Home address: \_\_\_\_\_  
 \_\_\_\_\_ Code: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_  
 Is She receiving: **UCT Alumni news?** YES ☐ NO ☐

### IF YOUR FATHER IS AN ALUMNUS, PLEASE GIVE HIS

Names: \_\_\_\_\_  
 Years at UCT: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
 Qualification(s) from UCT: \_\_\_\_\_  
 Home Address: \_\_\_\_\_  
 \_\_\_\_\_ Code: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_  
 Is He receiving: **UCT Alumni news?** YES ☐ NO ☐

### IF YOUR BROTHER OR SISTER IS AN ALUMNUS / ALUMNA, PLEASE GIVE

His / Her names: \_\_\_\_\_  
 His / Her former names (if applicable): \_\_\_\_\_  
 His / Her years at UCT: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
 His / Her qualification(s) from UCT: \_\_\_\_\_  
 Home address: \_\_\_\_\_  
 \_\_\_\_\_ Code: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_  
 Is He / She receiving: **UCT Alumni news?** YES ☐ NO ☐

## SECTION N

## RESEARCH QUESTIONS

We are revising our undergraduate admissions policy. In order to do this, we need information. We invite you to participate in the process by providing information. Please note that your answers in this section will NOT be used in admission decisions for 2013/2014 but may help us to know how to change our admissions policy in the future. You may choose not to complete this section but we encourage you to do so, and will be grateful for your contribution to this project.

## 1) WHAT IS OR WAS THE HIGHEST LEVEL OF EDUCATION OF EACH OF YOUR PARENTS OR GUARDIANS (WHERE APPLICABLE)?

Please tick one box in respect of each parent / guardian:

University or Technikon degree \_ \_ \_ \_ \_

University or Technikon certificate or diploma \_ \_ \_ \_ \_

Technical College certificate, trade certificate or similar certificate \_ \_ \_ \_ \_

Matric / Grade 12 / Senior certificate \_ \_ \_ \_ \_

Some formal schooling \_ \_ \_ \_ \_

No formal schooling \_ \_ \_ \_ \_

I do not know \_ \_ \_ \_ \_

Mother or female guardian	Father or male guardian

## 2) DOES OR DID AT LEAST ONE OF YOUR GRANDPARENTS HAVE:

A university qualification \_ \_ \_ \_ \_

A technikon degree or diploma \_ \_ \_ \_ \_

Yes	No	I do not know
Yes	No	I do not know

## 3) DOES OR DID YOUR FAMILY RECEIVE A CHILD-SUPPORT GRANT ON YOUR BEHALF?

## 4) DOES OR DID YOUR FAMILY RELY ON A SOCIAL PENSION FROM THE STATE? \_ \_ \_ \_

Yes	No	I do not know
Yes	No	I do not know

## 5) DID YOU ATTEND ANY OTHER SECONDARY SCHOOL BEFORE ENROLLING AT YOUR PRESENT SCHOOL? \_ \_ \_ \_

Yes	No
-----	----

a) IF YES, PLEASE PROVIDE THE NAME OF YOUR PREVIOUS SCHOOL: \_ \_ \_ \_ \_

Name of previous school						

See Table B for code.

b) IF YES, IN WHICH YEAR DID YOU FIRST ENROL AT YOUR PRESENT SCHOOL: \_ \_ \_ \_

Y	Y	Y	Y
---	---	---	---

## 6) WHAT IS/WAS YOUR MOTHER'S FIRST LANGUAGE? \_ \_ \_ \_ \_

## 7) WHAT LANGUAGE IS/WAS USED IN YOUR HOME? \_ \_ \_ \_ \_


See Table H for code.

1. I have read and understood *My Undergraduate Application Diary for 2014* booklet. The information I have supplied is complete and true. If any of it is found to be incomplete, false or misleading the University may cancel any offer made, or my registration.
2. If I am a minor, my admission to the University has the consent of my parent/guardian.
3. I undertake to abide by the rules of the University.
4. I hold myself responsible for the payment of all fees and charges due and payable by me to the University for all courses for which I register. If I am in arrears, I will be liable to pay interest at the rate of 1% per month from due date until date of payment and I will be liable for all costs of recovery, including fees charged by attorneys on the scale as between attorney and client and collection commission. I understand that payments received will be allocated to clear unpaid interest first, followed by the oldest debt. If I do not inform the Registrar in writing of withdrawal from studies or a course by the prescribed date(s) I will be liable for full fees even if I do not make use of UCT facilities. I understand that if I am a non-South African student who qualifies for local fees, the minimum initial payment of academic and residence fees must be made prior to registration.
5. I accept, agree and understand that: UCT may keep and process my data and documents in electronic or other format, including the personal data supplied by me in my application; UCT may obtain, process and retain results of my examinations relevant for making an admissions decision direct from examining authorities; UCT may use and transfer all such data and documents in electronic or other formats for UCT purposes consistent with UCT's relationship with me as an applicant and, if admitted as a student and former student including but not limited to submission of data for the National Learner Record database and other returns required by the Department of Higher Education and Training; and without detracting from the generality of the above, that UCT may report to my parents or legal guardian and/or the person responsible for fee payment details of my academic progress. I note and accept that UCT places records of qualifiers and academic records in the public domain. I accept that I am responsible for updating my personal details and will notify UCT of any changes.
6. I hereby waive all claims against the University for any damages or loss suffered while I am, or as a consequence of my being, a student of the University, for damage to any property belonging to me or any other person, howsoever such damage or loss is caused, including but not limited through the negligence of the University or any official, employee or representative of the University.

Date: DDMM201Y

If you are under 18, your parent/legal guardian must sign in the space provided. If you are 18 or older and your parent/legal guardian will be paying your fees, your parent/legal guardian must sign in the space provided below.

Details of parent / guardian (if applicant is under 18 years of age or if parent/legal guardian will be paying fees). (PLEASE PRINT)

Postal Address: <table border="1" style="width: 100%; height: 100px; border-collapse: collapse;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>																																									<table style="width: 100%;"> <tr> <td style="width: 25%;">Country Code:</td> <td style="width: 25%;">Dialling Code:</td> <td style="width: 50%;">Telephone Number:</td> </tr> <tr> <td><table border="1" style="width: 100%; height: 30px;"><div></div></table></td> <td><table border="1" style="width: 100%; height: 30px;"><div></div></table></td> <td><table border="1" style="width: 100%; height: 30px;"><div></div></table></td> </tr> </table> Identity / Passport Number of Parent / Guardian: <table border="1" style="width: 100%; height: 30px;"><div></div></table>	Country Code:	Dialling Code:	Telephone Number:	<table border="1" style="width: 100%; height: 30px;"><div></div></table>	<table border="1" style="width: 100%; height: 30px;"><div></div></table>	<table border="1" style="width: 100%; height: 30px;"><div></div></table>
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I agree and consent to the above declaration, undertakings, waiver and indemnity by the applicant. I consent to the applicant signing registration forms if admitted. I hold myself jointly and severally liable with the applicant as co-debtor for all amounts due by the applicant to the University, until I notify the University to the contrary, in which event such surety and notification shall take effect only from the beginning of the following academic year. I consent to the University holding and processing personal information supplied by me in this application (including any application for financial aid) for purposes related to this application.

Date:

\* Note: An applicant under the age of 18 must have this form signed by either of his/her parents. Where an applicant has no parents (e.g. they are deceased) or the parents are divorced, a legal guardian is normally officially appointed. In such cases the legal guardian must sign this form. If you do not have a parent or legal guardian, a responsible adult family member (next-of-kin) or other responsible adult who is prepared to make the declaration and the undertaking, must sign with you. The details of this person must be listed under the parent/guardian section on this form. (Section E)

## SECTION P

## CHECK LIST 1: YOUR UCT APPLICATION FORM

EVEN IF YOU HAVE NOT YET OBTAINED SOME OF THE CERTIFICATES MENTIONED ABOVE, PLEASE SUBMIT THIS APPLICATION FORM NOW.

SEND THE CERTIFICATES WHEN YOU RECEIVE THEM, QUOTING YOUR ACADEMIC PROGRAMME CHOICE(S) AND APPLICANT NUMBER.



Have you entered your NBT registration number on page 2? \_\_\_\_\_

☐

Have you completed all pages of this booklet? \_\_\_\_\_

☐

Have you signed Section O? \_\_\_\_\_

☐

Has your parent/legal guardian signed Section O? \_\_\_\_\_

☐

Have you enclosed the application fee or proof of payment? \_\_\_\_\_

☐

Have you filled in your correct birth date? \_\_\_\_\_

☐

If you have completed your schooling, have you enclosed certified copies of your certificate? \_\_\_\_\_

☐

If you have attended a higher education institution, have you enclosed an original transcript and certificate of conduct? \_\_\_\_\_

☐

## SECTION Q

## CHECK LIST 2: YOUR UCT APPLICATION FORM



**Financial Assistance:** Have you detached the Financial Assistance Form, so that you can submit it with supporting documents by the closing date of 31 October 2013? \_\_\_\_\_

☐

**BA Fine Art:** Have you detached the BA (Fine Art) Form, so that you can submit it with your portfolio by the preferred date of 31 August 2013? \_\_\_\_\_

☐

**BAS (Architectural Studies):** Have you detached the BAS (Architectural Studies) Form, so that you can submit it with your portfolio by the preferred date of 31 August 2013? \_\_\_\_\_

☐

**Health Sciences:** If you plan to submit the Personal Report Form, have you detached it, so that you can submit it with supporting documents by 30 September 2013? \_\_\_\_\_

☐