

Open Distance Learning



APPLICATION FORM

It all starts here[®]

Do you want to further your career by means of a degree or diploma at an internationally recognised university, but cannot do it full time? Is time a problem? If so, then the North-West University's Open Distance Learning Programme is catered specifically for you.

The Open Distance Learning Programs are a unique and creative process where you determine the place, time and tempo of learning, thus speeding up your career through professional training. Electronic and telephonic support is available, as well as personal contact at the study centres.

Why choose the Open Distance Learning Programs?

- Study with support while working.
- It is affordable.
- There is a network of study centres, nationally and abroad.
- There are dedicated call centres.
- You receive recognition of prior learning where applicable.
- You receive vocationally directed training that speeds up your career.
- You determine your tempo of learning based on your circumstances.
- Administrative and financial response are effective.
- We have helpful, supportive facilitators with knowledge and expertise.
- This extensive learning programs have ensured success for many students.

NORTH-WEST UNIVERSITY

It all starts here ...

Who we are?

The North-West University was established by merger and incorporation in 2004 as a unitary multi-campus institution, with a single set of policies, systems and standards, driven by a set of constitutionally based values, promoting unity in diversity, developing its own brand and identity, and a unique institutional culture based on the unity and value system of the university.

Our dream

To be an internationally recognised university in Africa, distinguished for engaged scholarship, social responsiveness and an ethic of care.

Our purpose

To excel in innovative learning and teaching and cutting-edge research, thereby benefitting society through knowledge.

IMPORTANT

Read the following instructions and information carefully before completing the form. Incomplete information can lead to unnecessary delays in the processing of your application.

1. This application form should be completed by all students who want to enrol in an ODL program.
2. The following documents should accompany this application (only certified copies are accepted):
 - 2.1 Copies of certificates and degrees obtained at another tertiary institutions
 - 2.2 Identity document
 - 2.3 Matriculation Certificate
 - 2.4 South African Nursing Council receipt and registration certificate (for nurses only)
 - 2.5 If any of the above documents have been issued in the maiden name of the applicant, a certified copy of the marriage certificate should accompany this application.
3. The University reserves the right to refuse any application without supplying reasons for such a decision.
4. Population Group and Religion - Although this information is vital for statistical purposes, answering is optional.

SELECTION

1. The University reserves the right to require of candidates who have not obtained a specific average pass mark, to write an additional selection test on the basis of which final consideration will be given to the application of such a candidate. Following receipt of applications for admission, candidates will be informed as to whether they are expected to write the selection tests and as to the date, time and venue.
2. Approval of applications further depends on post-school training and education and/or applicable work experience.

UNIVERSITY NUMBER

Please note that the allocation of a university number does not necessarily mean that you have been accepted as a student.

ALL CORRESPONDENCE TO:

POTCHEFSTROOM CAMPUS

The Campus Registrar
North-West University (Potchefstroom Campus)
Private Bag X6001
2520 POTCHEFSTROOM, RSA

UNIT FOR OPEN DISTANCE LEARNING

Tel: 018 285 5900
Fax: 087 234 4957
Email: DistancePotch@nwu.ac.za

A.1. APPLICATION FORM

University number (office use):

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During which year do you intend to commence your study at this University?

2	0		
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Open Distance Learning Study Centre e.g. Potchefstroom

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Have you been registered at this University before?

Yes ☐No ☐

If yes, please supply university number

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First year of registration (e.g.1994)

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A.2. QUALIFICATIONQualification e.g.
(Health Science Education)

Curriculum code

Programme code

Qualification that you wish to enroll for:

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A.3. BIOGRAPHICAL PARTICULARS OF APPLICANT:

Identity number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Date of birth

Y	Y	Y	Y	M	M	D	D
---	---	---	---	---	---	---	---

Male Female

Gender

M	F
---	---

Surname

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Initials

--	--	--	--	--	--	--	--	--	--

Title e.g. Mr

--	--	--	--	--	--	--	--	--	--

First names

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Preferred name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Marital Status

Single

☐

Married

☐

Other (please specify)

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Maiden name

--	--	--	--	--	--	--	--	--	--

Nationality South African☐

Other (please specify)

--	--	--	--	--	--	--	--	--	--

Population group

Asian

☐

White

☐

Coloured

☐

Black

☐**Information Confidential**

Yes

☐

No

☐

Other (please specify)

--	--	--	--	--	--	--	--	--	--

Please complete where applicable:

Employer:

--	--	--	--	--	--	--	--	--	--

Profession and position:

--	--	--	--	--	--	--	--	--	--

Religious affiliation (specify)

--	--	--	--	--	--	--	--	--	--

Information Confidential

Yes

☐

No

☐**Home language**

Afrikaans

☐

English

☐

Other (specify)

--	--	--	--	--	--	--	--	--	--

Indicate any disability for appropriate support? (Supporting proof of your disability must be included with your application.)

Visual

☐

Hearing

☐

Mobility

☐

Speech

☐

Special learning

Other Specify:

--	--	--	--	--	--	--	--	--	--

Do you make use of a wheelchair?

Yes

☐

No

☐**B. CONTACT DETAILS**

Preferred method of communication

Post

☐

Email

☐

Fax

☐

SMS

☐

Facebook

☐

Do you have access to Internet?

Yes

☐

No

☐

Home address

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Postal code

--	--	--	--	--	--	--	--	--	--

University number (office use):

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Postal address (if different from home address)

Postal code

To whom should the account be sent?

Applicant

☐

Mother

☐

Father

☐

Other

☐

Please specify "other"

To which address should the account be sent?

Home address

☐

Postal address

☐

Email address

☐

Other

☐

Courier address

☐

Please specify Courier address

Postal code

Account email address

To which address should study material be sent?

Home address

☐

Courier address

☐

Cell phone number

Home tel. no.

Work tel. no.

Extension

Fax no.

Email address

Facebook address

C. POST-SCHOOL ACTIVITIES

Primary activity in year prior to study at the NWU:

School

☐

University

☐

Technical Institute

☐

Other (specify)

Work

☐

University of Technology

☐

Training College

☐

Will this be your First

☐

or Second/further

☐

registration at a tertiary institution?

Have you sat for any examination at a tertiary level?

Yes

☐

No

☐

Complete in reverse order (starting with the most recent) all tertiary academic work, including incomplete qualifications (compulsory for evaluation purposes)

Period		Name of university/ college/university of technology, etc.	Name of degree/ diploma/certificate	Study completed		University- Student no.
From Year/Month	To Year/Month			Yes	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"/>	<input type="text"/>	<input type="text"/>

D. EMPLOYMENT RECORD

University number (office use):

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Please record your most recent positions of employment, starting with your current position(s):

Period		Occupation	Employer
From Year/Month	To Year/Month		

SA Nursing Council Reference Number (Nursing applicants only)

E. Kinships (Next of Kin)Spouse/family member Surname Initials Title e.g. Mr Identity number Date of birth First names Preferred name Nationality South African ☐Other (please specify) Occupation Employer Home address

Postal code Postal address (if different from home address)

Postal code Work address

Postal code Cell phone number Home tel. no. Work tel. no. Fax no. Email address **F. UNDERTAKING BY THE STUDENT**

(IF STUDENT IS UNDER AGE WE ALSO REQUIRE THE SIGNATURE OF PARENT OR GUARDIAN)

1. The University will at all times be entitled to summarily cancel the student's registration should it become apparent that the information supplied in this form is false or incorrect.
2. The student is subject to all the rules and regulations contained in the brochures and the Institutional State of the University, including the rules and procedures with regard to student discipline
3. The University will take all reasonable steps to prevent the student from being injured or prejudiced by any injury, loss or damage, whether or not it is caused by the negligence of the University or any of its employees, or a fellow learner. The student undertakes not to institute any claims against the University in respect of such injury, loss or damage and further undertakes to

indemnify the University should the University incur any liability whatsoever pursuant to any negligent or other act or omission by the student.

4. The student, his/her dependants, executors, administrators and/or assignees relinquish and indemnify the University against any claim for injury, loss or damage of whatsoever nature which may arise on or outside the campuses of the University or on or in any other location or facility contracted by the University in connection with his/her study, during the period of study with the University.
5. By signing this application form and any subsequent registration forms, the student, and if applicable his/her natural or legal guardian confirms and acknowledges that the above provisions form part of the student's study contract with the University and is binding on the student, his/her aforesaid guardian, and their dependants, executors, administrators and assignees.
6. Potchefstroom shall be regarded as the place where this agreement has come into existence, irrespective of where it may have been signed.
7. I, the undersigned, will be responsible for the prompt payment of all and any money payable to the NWU in terms of my enrolment and/or association with the NWU, now and in future, as set out in more detail in the official University brochures as determined and amended by the University Council from time to time. The contents of these brochures form the basis of the financial agreement between the University and myself and are regarded to be incorporated in their entirety into this agreement. I shall forthwith fax proof of every deposit/ payment made with regard to monies paid into the University's bank account to enable the University to credit the student's personal study account with the University.
8. If I/the student fail/fails to make payments on pre-determined due dates, and if the University, at the University's sole discretion should hand over to attorneys any amount of monies for collection, I undertake to pay all costs whatsoever which may be due and payable, including tracing fees, collection charges, advocate's fees, and any expenses of whatever nature on an attorney-and-own-client scale. Any fees payable by me/ the student will firstly be allocated to the aforementioned costs, thereafter to interest and only then to the capital amount. A wage attachment order(s) may also immediately be issued against my/our employer(s) in order to attach my/our salary/salaries or wage(s) in order to collect the outstanding amount as a whole or in instalments.
9. Any amount owing and payable to the University in terms of the University's financial rules as published in the brochure entitled "Fees Payable and Financial Rules", may be fixed and proven by means of a certificate issued and signed by an authorised official of the University. Such a certificate shall be binding and will serve as prima facie proof of the extent and existence of such amount, unless and until the contrary is proved.
10. I hereby bind myself jointly and severally and in solidum together with the student to properly meet all conditions contained herein.
11. These conditions will remain valid and in force for the full duration of my/the student's enrolment as a student at the University and thereafter until all commitments in terms hereof have been met.
12. I have satisfied myself as to and subject myself to all the rules and regulations contained in the brochures and in the Institutional Statute of the University which form part of this agreement and/or as it may be amended from time to time.

13. Do you currently owe any amount of money to any tertiary institution in South Africa? Yes ☐ No ☐

14. If the answer in above is YES, please indicate the name of the Institution and the amount that is owed and attach all relevant details.

Name of Institution: Amount owed:

15. I hereby undertake to transfer to the University any intellectual property rights that may arise in the course and scope of the studies and research of the student at the University by signing the necessary documents. I understand that, in the case of any commercial exploitation thereof, the University will remunerate me/the student in terms of the same policy that applies to staff of the University.

Signed on this day of

Signature of student

Name and Surname (please print)

ID number

Signature of witness / person liable for payment

Name and Surname (please print)

ID number

University number (office use):

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* I hereby grant permission to the NWU to disclose my personal information as defined in the Protection of Personal Information Act 4/2013 to third parties, including bursary providers, financial institutions, parents and guardians, potential employers, etc. I understand that I have the right at any time to withdraw this consent in writing by submitting a student request.

Yes ☐ No ☐

G. SURETY SHIP (IF NOT FULL TIME EMPLOYED, IF FULL TIME EMPLOYED, ATTACH CERTIFIED PAYSリップ)

I, the undersigned, (full names and surname)

Identity number

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hereby **bind myself** as surety and co-principal debtor in solidum (i.e., for the full amount) for the due performance by the student of all his/her financial obligations towards the University as set out in paragraph 3 of section J above.

I confirm that I understand the meaning of the term in solidum as explained in the paragraph above

I hereby **renounce** the benefits arising from the legal exceptions *de duobus vel pluribus res debendi* and *ordinis seu excussionis*, and I confirm that I am aware of the legal effect of the above-mentioned renunciation, namely that it entails the following:

- ***duobus vel pluribus res debendi*** (the principle that a debtor is only liable for a portion of the amount payable): The University can, in its discretion, claim full payment of all outstanding monies owing to it from either the student or from myself as surety or jointly from both of us.
- ***ordinis seu excussionis*** (the principle that a debtor is regarded as secondary and becomes liable only after the portion owed by the main debtor had been collected): I shall not be entitled to force the University to proceed against the student as principal debtor and to excuss him/her first before claiming performance from me as surety.

Signature

Date

Y	Y	Y	Y	M	M	D	D
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Signature witness

ID number

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H. CHECKLIST

Read the following instructions and information carefully before completing the form. Incomplete information can lead to unnecessary delays in the processing of your application.

1. This application form should be completed by all students who want to enrol in an ODL program.
2. The following documents should accompany this application (only certified copies are accepted):

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3. The University reserves the right to refuse any application without supplying reasons for such a decision.
4. Population Group and Religion - Although this information is vital for statistical purposes, answering is optional.

University number (office use):

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I. OFFICE USE ONLY

H.1. RECOMMENDATION BY FACULTY/SELECTION COMMITTEE

Application approved ☐ Application rejected ☐ Year level to which admitted ☐

Other recommendations

Administrative manager/chairperson

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Date:

Y	Y	Y	Y	M	M	D	D
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H.2 RECOMMENDATION BY THE SCHOOL DIRECTOR

NOTE: Only applicable to postgraduate applications, excluding Masters/Doctors degree students

Application approved ☐ Application rejected ☐

Other recommendations

School director

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Date:

Y	Y	Y	Y	M	M	D	D
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FOR OFFICE USE ONLY

Year

2	0		
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TB

P

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University number: _____ Qualification: _____

Title: _____ Initials: _____ Surname: _____

		Journal entry Bursary				
Tuition fee:	R	T	K	P	J	B
First payment:	R	T	K	P	J	B
Age exemption/Postgraduate	R	T	K	P	J	B
Total R						

Receipt number: _____ Date: _____ Signature: _____

Amount Received ☐

First Payment ☐

Date application is processed

Y	Y	Y	Y	M	M	D	D
---	---	---	---	---	---	---	---

Signature: _____

