

St Augustine College of South Africa HIGHER CERTIFICATE Application Form

2020

PLEASE READ THE CONTENT OF THIS APPLICATION FORM CAREFULLY BEFORE SUBMITTING.

If necessary, please consult the current annual PROSPECTUS (available on the St Augustine website).

Non-refundable Application Fee: R 500

For those applying for the first time, this application will not be processed unless accompanied by the following:

- Certified copy of Applicant's Identity Document / Passport.
- Certified copy of matriculation certificate. (This certificate must clearly state that the application has an exemption to study for a diploma or a certificate.)
- For Applicants who obtained a school-leaving certificate from outside of South Africa, a Universities SA Matriculation Board Exemption Certificate for degree study in South Africa (http://mbit-apply.usaf.ac.za/applicant/add; tel +27 (0) 10 591 4401/2; eMail Applications@USAf.ac.za).
- Certified copies of any other academic transcripts (degrees and qualifications already completed).
- Proof of payment of the non-refundable application fee.
 (Proof of payment should be emailed to: highercertificate@staugustine.ac.za;

deposit reference: HC + SURNAME + Initials.)

St Augustine's Banking Details:

Branch Name (Code): Northcliff (00 63 05) Acc Number: 02 251 79 28

APPLICANT'S P	ERS	ONAL	_ DET	AILS									
Title	Mr		Miss		Ms		Mrs	s		Other			
Surname													
First Name/s													
Maiden Name													
Last Name on Matriculation Certificate (if applicable)	n												
If the Applicant is a South African citizen or permanent resident, please provide the following:													
South African Iden	tity N	umber											
If the Applicant is a citizen or permanent resident of a country other than South Africa, please provide the following:													
Country													
Passport Number													
For statistical purp	oses,	, please	e provid	le the f	ollowing	:							
Sex		Male)	F	emale		Hon	ne La	angua	age			
Religious Affiliation	1												
Population Group													

How / where did you lea about St Augustine College?	rn									
PROGRAMME O	F ST	UDY								
Please indicate with	n a cr	oss:								
Higher Certificate	in Bi	blical Studies (HCBS)							
Please indicate the completing during the modules per year):										
HCBS 101		HCBS 102		HCBS	103		HCBS	104		
HCBS 105		HCBS 106		HCBS	107					
Plus, one of the follo	owing	g electives:								
HCBS 108		HCBS 109								
If a student attains les				odule(s) (HCBS 10	1 and / or HC	BS 102), that stu	ident M	ΑY
Fees Payable										
For the fee payable information from the highercertificate@s APPLICANT'S C	e Hig taugu	her Certificate Custine.ac.za).	o-ordinator					THE HEC		
Home (Street) Addres	ss _						1			
						Postal Code				
Postal Address (if different to Home Address)	-					Postal Code				
Mobile / 'Phone Number	.									=
										_
eMail Address										
EEE BAYED ING	221	ATION								
This section MUST			pplicant is	not the f	ee payer	r.				
Relationship to Applican	t									
Title I	Mr	Miss	Ms		Mrs	Other				
Surname										
First Name/s	Ī									一

If he / she is a South Afric	can citi	zen o	r perm	anent	reside	nt, plea	ase pr	ovide t	he foll	owing:				
South African Identity I	Numbe	er												
If he / she is a citizen or p	ermar	ent re	esiden	t of a c	ountry	other	than S	South A	Africa,	please	provide	the foll	owing:	Į.
Country														
Passport Number														
Home (Street) Address									Posi	tal Code				
Postal Address (if different to Home Address)										10.1		T		
Mobile / 'Phone Number									Posta	al Code				
eMail Address														
SECONDARY SCH	DOL-	LEA\	VING	EXA	MINA	ATION	N DE	TAILS	3					
Date of Matriculation														
School name														
NB The Applicant must prov (For Applicants who obtaine Exemption Certificate for de	d a scho gree stu	ool-lea	ving ce	ertificate	from o	outside	of Sou	th Africa	a, a Uni	versities	SA Mat			eMail

TERTIARY EDUCATION DETAILS

If the Applicant has completed any tertiary education or is currently registered at a tertiary institution, the Applicant must complete this section. Please enclose original transcripts or certified copies of certificates / result statements / academic transcripts.

Qualification	Year of Registration	Tertiary Institution	Year of Completion

DECLARATION BY APPLICANT

Without prejudice to the terms of my application for admission to St Augustine, I make the following declarations:

- 1 I will abide by the rules of St Augustine.
- 2 I will hold myself responsible for: the payment of all fees and charges due and payable by me to St Augustine each year; any arrears and interest on arrears; and any costs of recovery, including attorney-and-client scale fees and / or collection commission. 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 the facilities of St Augustine.

- 3 In the event of there being any fees outstanding, I acknowledge that St Augustine may withhold any and all of my academic results until such time as the outstanding fees have been paid.
- 4 I accept, agree and understand that: St Augustine may keep and process data and documents in electronic format, including the personal data supplied by me in my application form; St Augustine may use and transfer such data and use such documents in electronic or other formats for purposes consistent with St Augustine's relationship with me as a student and former student, including submission of data for the National Leaners' Record Database and other returns required by the Department of Higher Education and Training; that St Augustine places records of qualifications awarded in the public domain; that St Augustine may process my personal information in accordance with rules and policies for academic and administrative purposes, including disciplinary processes and that St Augustine may use electronically generated documents in place of the originals signed by me.
- I waive all claims against St Augustine for: any damage or loss suffered while I am, or as a consequence of my being, a student at St Augustine and / or arising out of loss or destruction of, or damage to, any property belonging to me or any other person.
- 6 I have not been expelled, rusticated, or excluded from any other University or College.
- 7 If I am a minor, I have the consent of my parent / guardian to sign this form.
- 8 The information given on this form is complete and accurate

Signature of Applicant Date	

Submit completed Application Form, together with all supporting documentation,

St Augustine College of South Africa

by Post to P O Box 44782

Linden 2104 South Africa

by eMail to: highercertificate@staugustine.ac.za

Tel: 011 380 9000

Thank you for your Application. We will soon be in touch with a response.