

St Augustine's Banking Details:

## St Augustine College of South Africa UNDERGRADUATE DEGREE 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 100

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 bachelor degree not a diploma, nor 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: undergraduate@staugustine.ac.za; deposit reference: UG + SURNAME + Initials.)

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

APPLICANT S PERSONAL DETAILS														
Title Mr	М	iss		Ms		M	Irs		Othe	er				
Surname														
First Name/s														
Maiden Name														
Last Name on Matriculation Certificate (if applicable)														
If the Applicant is a South African citizen or permanent resident, please provide the following:														
South African Identity Number														
If the Applicant is a citizen	or perman	ent resid	dent of	a cou	ntry ot	ner th	an So	uth Af	rica, pl	lease	provid	e the f	ollowi	ng:
Country														
Passport Number														
Does the Applicant need a	study perm	it?	Yes		No			If y	es, ha	as it b	een g	rante	d?	
If granted, valid from (de							to							
For statistical purposes	, please pr	ovide t	he foll	lowing	j:									
Sex	Male	Female Home Language												
Religious Affiliation														

Population Group										
Disability (if any)										
How / where did you learn about St Augustine College?										
PROGRAMME OF S	TUDY									
Please indicate with a	cross, which undergrad	uate de	egree the Appli	cant is applyi	ng for:					
Bachelor of Arts (BA)	1		Bachelor of A	Arts (BA) Ex	tended	I				
Bachelor of Commerc	ce (Politics, Philosoph	ıy, Ecc	onomics) (BCo	m (PPE)) Fu	II-Time	9				
Bachelor of Commerc	ce (Politics, Philosoph	ıy, Ecc	onomics) (BCo	m (PPE)) Pa	rt-Tim	е				
If Part-Time, would you prefethe week in the evenings (17			OR, would you pr release' system,							
NB Depending on applica	ation numbers, a decision	will be r	made as to which	mode (or both	n) to add	opt.				
Bachelor of Theology	(BTh) Full-Time		Bachelor of 1	Theology (B	Γh) Pa	rt-Time				
NB All Theology lectures register for fewer module:	are offered during the wee	ek in the	e evenings (17h0	0 – 21h00); Pa	art-Time	students si	mply			
Intake (commencem	ent date) for which ap	plying	J	January		July	,			
Fees Payable				_						
The Applicant MUST pay the initial application fee – a once-off, non-refundable fee.  For the fee payable for the academic year / half of the academic year (in the case of the July intake), please consult the St Augustine website, or obtain the necessary information from the Undergraduate Co-ordinator (tel: +27 (0)11 380 9000; eMail: undergraduate@staugustine.ac.za).  Once the Applicant's Application has been accepted, the Applicant will be invoiced for the academic year / half the academic year for which he/she will be registered.  ALL students (whether January or July intake) MUST re-register at the beginning of each academic year.										
	gustine reserves the rig	ht not t	to offer a partic	ular degree p	rogran	nme in any				
academic year.										
APPLICANT'S CON	TACT DETAILS									
Home (Street) Address										
				Postal Code						
5						<u> </u>				
Postal Address (if different to Home										
Address)				Postal Code						
Mobile / 'Phone Number			_	<del>-</del>						
eMail Address										

PARENT / GUARDIA	AN C	ATAC	CT	DETA	ILS (	comp	ulsor	y if a	pplic	ant is	und	er 2	1)		
This section MUST be	compl	eted if	the /	Applic	ant is	under	21 ye	ears o	of age	<del>)</del> .					
Relationship to Applicant															
Title Mr		Mis	ss		Ms		N	Irs		Othe	er				
Surname															
First Name/s															
If he / she is a South African citizen or permanent resident, please provide the following:															
South African Identity Number															
If he / she is a citizen or permanent resident of a country other than South Africa, please provide the following:															
Country															
Passport Number															
Home (Street) Address															
									Pos	tal Code	9				
Postal Address (if different to Home															
Address)									Postal Code						
Mobile / 'Phone Number											•	•			•
eMail Address															
FEE PAYER INFOR	MATIO	ON													
This section MUST be	compl	eted if	the /	Applic	ant is	not th	e fee	paye	r.						
Relationship to Applicant															
Title Mr		Mis	ss		Ms			Irs		Othe	er				
Surname															
First Name/s															
If he / she is a South Afric	can citiz	en or	perma	anent r	esiden	t, plea	se pro	vide t	he foll	owing:					
South African Identity	Numbe	r [													
If he / she is a citizen or p	erman	ent res	ident	of a co	ountry o	ther t	nan So	outh A	frica,	please	prov	ide th	e follo	owing:	
Country															
Passport Number															
Home (Street) Address															
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(if diff	I Address erent to Home										
Addre	ess)						Postal Code				
Mobile	/ 'Phone Number										
eMai	Address										
FINA	ANCIAL ASSIST	ANCE									
Does	the Applicant inte	end to apply for a	a St Augu	ustine a	ıdmin	istered	Bursary?				
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Has A	Applicant written the ination?		` ,	Yes		No	. If w	es,			
Scho	ol name			<u> </u>							
Scho	ol Address										
Exami	l nation Written / to be	NS	C		IEB		Other				
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	he Applicant has writte ate; if not, the applica									ination	
TER	TIARY EDUCAT	TION DETAILS	8								

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

## **MOTIVATION** The Applicant should provide a one-page motivation explaining why he / she wishes to study at St Augustine; the motivation should include mention of the subjects for which the Applicant intends to register and some information about the applicant (personal circumstances and future goals).

## **DECLARATION BY APPLICANT AND PARENT / GUARDIAN**

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.
- 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.
- 5 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

nerson

- 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								7	Dat	ie				
Declaration and Suret	tyship	by Parer	nt / Le	gal Gu	ardia	ın / Ne	÷xt-¢	of-Kin						
If the Applicant is under 18, his / her parent / guardian must make this declaration. If the Applicant is 18 or older, and his / her legal guardian will be paying the Applicant's fees, the parent / guardian must make this declaration. If the Applicant does not have a parent or a legal guardian, a responsible adult family member (next-of-kin) or other responsible adult who is prepared to make this declaration and the undertaking, must sign this Declaration and Suretyship.														
Relationship to Applicant														
Title Mr		Miss		Ms		М	1rs		Othe	r				
Surname														
First Name/s														
If he / she is a South Afric	an citiz	en or perm	nanent	residen	t, plea	se pro	vide	the foll	owing:					
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If he / she is a citizen or p	ermane	ent residen	t of a c	country o	other t	han Sc	outh	Africa,	please	provid	de the	e follo	wing:	
Country														
Passport Number			T					T				T	T	
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(if different to Home Address)	<del> </del>						<del></del>							
ļ			Posta	al Code	<u></u>		<u></u>							
Mobile / 'Phone Number														
eMail Address														
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 St Augustine, until I notify St Augustine to the contrary, in which event such cancellation shall take effect only from the beginning of the following academic year. I consent to St Augustine holding and processing personal information supplied by me in this application form (including any application for a St Augustine administered bursary) for purposes related to this application.														
Signature of Parent / Legal Guardian / Next-of-Kin								7	Dat	ie				
Submit completed Ap	plicati	ion Form	, toge	ther wi	ith all	supp	orti	ing do	cumer	ntatio	on,			
by Post to		P Li				ge of	Sou	uth Afr	ica					
by eMail to:		ur	ndergi	raduate	e@st	augus	stine	e.ac.za						
			T	el: 011	380 9	9000								
Thank you for your Application. We will soon be in touch with a response.														