



# St Augustine College of South Africa

## HIGHER CERTIFICATE

### Re-Registration Form

# 2020

PLEASE READ THE CONTENT OF THIS RE-REGISTRATION FORM CAREFULLY BEFORE SUBMITTING.

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

ALL persons re-registering must provide proof of payment for the fee for the modules for which they are registering.

(Proof of payment should be emailed to: [highercertificate@staugustine.ac.za](mailto:highercertificate@staugustine.ac.za); deposit reference: HC + SURNAME + Initials.)

St Augustine's Banking Details:

Bank: Standard Bank of South Africa

Acc Name: St Augustine College of SA

Branch Name (Code): Northcliff (00 63 05)

Acc Number: 02 251 79 28

### APPLICANT'S PERSONAL DETAILS

Title	Mr	<input type="checkbox"/>	Miss	<input type="checkbox"/>	Ms	<input type="checkbox"/>	Mrs	<input type="checkbox"/>	Other	<input type="text"/>
Surname	<input type="text"/>									
First Name/s	<input type="text"/>									
Maiden Name	<input type="text"/>									
Last Name on Matriculation Certificate (if applicable)	<input type="text"/>									

If the Applicant is a South African citizen or permanent resident, please provide the following:

South African Identity Number	<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"/>
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If the Applicant is a citizen or permanent resident of a country other than South Africa, please provide the following:

Country	<input type="text"/>													
Passport Number	<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"/>

For statistical purposes, please provide the following:

Sex	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>	Home Language	<input type="text"/>
Religious Affiliation	<input type="text"/>					
Population Group	<input type="text"/>					

### PROGRAMME OF STUDY

Please indicate with a cross:

Higher Certificate in Biblical Studies (HCBS) ☐

Please the modules (each module consists of two study guides) that the Applicant intends completing during the academic year (please note that a student may NOT register for more than four modules per

year):

HCBS 101 ☐ HCBS 102 ☐ HCBS 103 ☐ HCBS 104 ☐

HCBS 105 ☐ HCBS 106 ☐ HCBS 107 ☐

Plus, one of the following electives:

HCBS 108 ☐ HCBS 109 ☐

### Fees Payable

For the fee payable for each module, please consult the St Augustine website, or obtain the necessary information from the Higher Certificate Co-ordinator (tel: +27 (0)11 380 9000; eMail: [highercertificate@staugustine.ac.za](mailto:highercertificate@staugustine.ac.za)).

Confirmation of payment for ALL modules for which registered MUST accompany this Re-Registration Form.

## APPLICANT'S CONTACT DETAILS

Home (Street) Address										
						Postal Code				
Postal Address (if different to Home Address)										
						Postal Code				
Mobile / 'Phone Number										
eMail Address										

## FEE PAYER INFORMATION

This section MUST be completed if the Applicant is not the fee payer.

Relationship to Applicant										
Title	Mr	<input type="checkbox"/>	Miss	<input type="checkbox"/>	Ms	<input type="checkbox"/>	Mrs	<input type="checkbox"/>	Other	<input type="text"/>
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	<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"/>
Home (Street) Address										
						Postal Code				

Postal Address (if  
different to Home  
Address)

	Postal Code				

Mobile / 'Phone Number

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eMail Address

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## 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 Learners' 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 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

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Date

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**Submit completed Application Form, together with all supporting documentation,**

**by Post to**

**St Augustine College of South Africa  
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.**