

## 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 PERSONAL DETAILS  |         |      |    |       |  |    |      |       |      |   |  |  |
|---|---------|------|----|-------|--|----|------|-------|------|---|--|--|
| Title N   | ⁄lr     | Miss |    | Ms    |  | М  | rs   |       | Othe | r |  |  |
| Surname   |         |      |    |       |  |    |      |       |      |   |  |  |
| First Name/s  |         |      |    |       |  |    |      |       |      |   |  |  |
| Maiden Name   |         |      |    |       |  |    |      |       |      |   |  |  |
| Last Name on Matriculation<br>Certificate (if applicable)   |         |      |    |       |  |    |      |       |      |   |  |  |
| If the Applicant is a South African citizen or permanent resident, please provide the following:                        |         |      |    |       |  |    |      |       |      |   |  |  |
| South African Identity  | / Numbe | r    |    |       |  |    |      |       |      |   |  |  |
| 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 purposes, please provide the following:   |         |      |    |       |  |    |      |       |      |   |  |  |
| Sex   | Mal     | е    | Fe | emale |  | Но | me L | .angu | age  |   |  |  |
| Religious Affiliation   |         |      |    |       |  |    |      |       |      |   |  |  |
| Population Group  |         |      |    |       |  |    |      |       |      |   |  |  |

| How / where did you lea<br>about St Augustine<br>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<br>taugu | her Certificate Custine.ac.za). | o-ordinator |            |          |               |        | THE HEC     |         |    |
| Home (Street) Addres  | ss _           |                                 |             |            |          |               | 1      |             |         |    |
|   |                |                                 |             |            |          | Postal Code   |        |             |         |    |
| Postal Address (if<br>different to Home<br>Address)                         | -              |                                 |             |            |          | Postal Code   |        |             |         |    |
| Mobile / 'Phone Number  | .              |                                 |             |            |          |               |        |             |         | =  |
|   |                |                                 |             |            |          |               |        |             |         | _  |
| eMail Address   |                |                                 |             |            |          |               |        |             |         |    |
| EEE BAYED INE   | 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<br>different to Home<br>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<br>(For Applicants who obtaine<br>Exemption Certificate for de | d a scho<br>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<br>Registration | Tertiary Institution | Year of<br>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.