

PRESENT SURNAME

MAIDEN SURNAME

.....

.....

FIRST NAMES (AS ON PASSPORT/BIRTH/IDENTITY DOCUMENT)

.....

***E-MAIL ADDRESS**

2. Date of birth:

3. Postal Address:

.....

.....

Postal Code:

***CELL PHONE NUMBER**

***FAX NUMBER**

4. Full particulars regarding applicant’s educational qualifications:

(a) School certificate: _____

(b) Post-school qualification

Name of certificate: _____

Name of diploma:

.....

Year of completion:

Institution where obtained:

.....

Examination Number:

Year of completion:

.....

School subjects passed	Month Year	Grade	Symbol	School subjects passed	Month Year	Grade	Symbol

CONSENT IN TERMS OF THE PROTECTION OF PERSONAL INFORMATION ACT NO 4 OF 2013

1. I declare that all the personal information furnished by me on this form are true and correct, and I undertake to inform Unisa of any changes in my personal information.
2. I undertake to comply with all the rules, regulations and decisions of the university and any amendments thereto and I have taken note of advice which may be applicable to students in general.
3. I, as a student registered at Unisa or an applicant intending to study with Unisa, hereby consent that Unisa may collect, use, distribute, process my personal information for all required academic processes pertaining to my application or registration to study with Unisa, which may include, but is not limited to:
 - 3.1 internal administrative processing;
 - 3.2 institutional and scholarly research; and
 - 3.3 funding submissions.
4. I also consent that Unisa may share my personal information with the Matriculation Board and Admissions Committees, Higher Education South Africa, the Department of Higher Education and Training, the Council on Higher Education, the South African Qualifications Authority, other public higher education institutions, Qualification Verification Agencies, professional bodies, third parties rendering various services to the university and legal entities which may lawfully require such information for legal obligations and/or investigations.
5. I understand that in terms of the Protection of Personal Information Act (POPIA) and other laws of the country, there are instances where my express consent is not necessary in order to permit the processing of personal information, which may be related to investigations, litigation or when personal information is publicly available.

reasonable control.

7. I confirm that I have read the notice and understand the contents.

Note: The nature of personal information collected can be viewed in the Personal Information Inventory Lists published on the Unisa webpage at www.unisa.ac.za

Degree for which applicant proposes to study: Year of first registration: Name of proposed university:

OFFICIAL USE ONLY:

CONDITION:

FURTHER COMMENTS:

.....

.....

W.E.F.:	EXPIRY DATE:	MB OFFICIAL:	LANGUAGE:
----------------	---------------------	---------------------	------------------

**TO HAVE YOUR QUALIFICATION EVALUATED FOR EMPLOYMENT PURPOSES
PLEASE CONTACT SAQA [Help Desk: 0860103188(www.saqa.org.za)]**

MATRICULATION BOARD**APPLICATION for an EXEMPTION CERTIFICATE for Admission to Bachelor's Degree Studies**

PO Box 3854, Pretoria, 0001
+27 (10) 591-4401/2
+27 (86) 677 7744
www.universitiessa.ac.za/mb

**TO HAVE A QUALIFICATION EVALUATED FOR
 EMPLOYMENT PURPOSES PLEASE CONTACT SAQA**
 [Help Desk: 0860103188(www.saqa.org.za)]

**NB: THIS FORM SHOULD ONLY BE COMPLETED BY CANDIDATES WHO INTEND TO REGISTER AT SA UNIVERSITIES
 (NOT TECHNIKONS OR COLLEGES)**

A. This form must be accompanied by:

1. Original Educational qualifications (High School and post-school qualifications) or copies certified correct by the Registrar of a South African public university or by a South African Embassy, Consulate, High Commission or Trade mission or by public Notary in a foreign country. Sworn translations into either English or Afrikaans must accompany documents originally issued in another language.
2. Holders of American High School Diplomas must submit a letter issued by the Registrar of an accredited university in the United States of America to the effect that the holder is eligible for unconditional admission to degree studies at such a university or the applicable SAT results.
3. An Original official academic record reflecting the courses passed in different years, if the application is based on the grounds of post-school qualifications, with a prescribed minimum duration of at least three years uninterrupted study (RSA students only)
4. A certified copy of the particulars in the applicant's identity document reflecting his/her date of birth, or of the applicant's birth certificate.
5. A married woman must also submit a certified copy of her marriage certificate or divorce order.
6. The applicable exemption fee. The money is not refunded if the applicant does not qualify or fails to respond to letters regarding the application.
7. Applications for conditional exemption on the grounds of mature age, together with the Items mentioned under 1 to 6 above, must be submitted to the Registrar of the University at which the candidate proposes to register. The form must be signed by the Registrar if he supports the application.

FOR OFFICE USE ONLY

Receipt No. Amount:

Applicant No.

TO BE COMPLETED BY UNIVERSITY SUPPORTING THIS APPLICATION ("MATURE AGE" AND "SENATE'S DISCRETION" AND "FOREIGN CONDITIONAL" APPLICATIONS ONLY) (IF APPLICATION IS SUBMITTED BY UNIVERSITY)

Certificate: In the opinion of the Senate of this University, the abovementioned applicant may reasonably be expected to complete the course.

OFFICIAL STAMP OF UNIVERSITY CONCERNED AND SIGNATURE
STUDENT NO.:

**NB: IF APPLICATION IS SUBMITTED IN BATCHFORM BY UNIVERSITY – DO NOT INCLUDE THIS PAGE
 IF APPLICATION IS SUBMITTED BY AN INDIVIDUAL (NOT UNIVERSITY) – DO NOT INCLUDE THIS PAGE, UNLESS ALREADY ACCEPTED
 AT UNIVERSITY.**