

Application Form

Open Distance Learning



It all starts here [™]



NORTH-WEST UNIVERSITY
YUNIBESITI YA BOKONE-BOPHIRIMA
NOORDWES-UNIVERSITEIT
POTCHEFSTROOM CAMPUS

®

It **ALL** starts **HERE**

Do you want to further your career by means of a degree or diploma at an internationally recognised university, but cannot do it full time? Is time a problem? If so, then the Potchefstroom Campus of the North-West University's Open Distance Learning Programme is catered specifically for you.

The Open Distance Learning Programme is a unique and creative process where you determine the place, time and tempo of learning, thus speeding up your career through professional training. Electronic and telephonic support is available, as well as personal contact in the study centres.

Why choose the Open Distance Learning Programme?

- Study with support while working.
- It is affordable.
- There is a network of study centres, nationally and abroad.
- There are dedicated call centres.
- You receive an internationally recognised qualification.
- You receive recognition of prior learning.
- You receive vocationally directed training that speeds up your career.
- You determine your tempo of learning based on your circumstances.
- Admin and financial response are quick and easy.
- We have helpful, supportive facilitators with the latest knowledge and expertise.
- This extensive learning programme has ensured success for many students.

If you were looking for quality academic content and dedicated facilitators, rest assured that you have found the perfect training solution at the Potchefstroom Campus of the North-West University.

INTRODUCTION

The North-West University (NWU) consists of three campuses: The Potchefstroom Campus, Vaal Triangle Campus and Mafikeng Campus. The Institutional Office are located in Potchefstroom.

The NWU is a value-driven institution that promotes tolerance and respect for all perspectives and belief systems in order to facilitate an environment conducive to teaching-learning, research and community service. The value system and practices of the NWU will be driven by the values enshrined in the Constitution, especially human dignity, equality and freedom. This includes the promotion of unity in diversity.

IMPORTANT

Read the following instructions and information carefully before completing the form. Incomplete information can lead to unnecessary delays in the processing of your application.

1. This application form should be completed by all students who want to study as part of the ODL programme.
2. The following documents should accompany this application (only certified copies are accepted):
 - 2.1 Copies of certificates obtained at another tertiary institutions;
 - 2.2 Identity document.
 - 2.3 Matric Certificate
 - 2.4 South African Nursing Council receipt and registration certificate. (only applicable for **nursing**)
 - 2.5 If employed, attach pay-slip

ALL COPIES SHOULD BE CERTIFIED

NB: If any of the above documents have been issued in the maiden name of the applicant, a certified copy of the marriage certificate should accompany this application.
3. The University reserves the right to refuse any application without supplying reasons for such a decision.
4. Population Group and Religion - Although this information is vital for statistical purposes, answering is optional.

SELECTION

1. The University reserves the right to require of candidates who have not obtained a specific average pass mark, to write an additional selection test on the basis of which final consideration will be given to the application of such a candidate. Following receipt of applications for admission, candidates will be informed as to whether they are expected to write the selection tests and as to the date, time and venue.
2. Approval of applications further depends on post-school training and education and/or applicable work experience.

UNIVERSITY NUMBER

Please note that the allocation of a university number does not necessarily mean that you have been accepted as a student.

ALL CORRESPONDENCE TO:

POTCHEFSTROOM CAMPUS

The Unit for Open Distance Learning
North-West University (Potchefstroom Campus)
Private Bag X6001
2520 POTCHEFSTROOM, RSA

Unit for Open Distance Learning

Tel: (018) 285 5900

Fax: (018) 299 4558

E-mail: DistancePotch@nwu.ac.za

A.1. APPLICATION FORM**University number (office use):**

During which year do you intend to commence your study at this University?

2	0
---	---

Open Distance Learning Study Centre e.g. Secunda

Have you been registered at this University before? Yes No

If yes, please supply university number

First year of registration (e.g.1994)

A.2. QualificationQualification e.g.
(Health Science Education)

Curriculum code

Programme code

Qualification that you wish to enroll for:

A.3. Biographical Particulars of Applicant:

Identity number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Surname

Initials

Birth date Y Y Y Y M M D D

Title e.g. Mr

First names

Gender Male Female

Preferred name

Maiden name (married woman)

Marital Status Single Married Other (please specify)**Nationality** South African Other (please specify)**Population group** Asian White Coloured Black**Information Confidential**

Other (please specify)

Please complete where applicable:

EMPLOYER:

PROFESSION AND POSITION:

Religious affiliation (specify)**Information Confidential****Home language** Afrikaans English Other (specify)

Preferred language for correspondence Afrikaans English

B. CONTACT DETAILS

Preferred method of communication Post E-mail Fax

Do you have access to CD-ROM facilities? Yes No

Home address

Postal code

University number (office use):

Postal address (if different from home address)

Postal code

To whom should the account be sent? Applicant personally Mother Guardian Father Other

To which address should the account be sent? Home address Postal address Other

Please specify "other".

Postal code

To which address should study material be sent? (only ODL students) Home address Postal address

Cell phone number

Home tel. no. Area code Number

Work tel. no. Area code Number Extension

Fax no. Area code Number

E-mail address Internet/facbook address

C. POST-SCHOOL ACTIVITIES

Primary activity in year prior to study at the NWU:

School University Technical Institute Other (specify)

Work University of Technology Teachers' Training College

Will this be your First Second/further registration at a tertiary institution?

Have you partake in any examination at a tertiary level? Yes No

Complete in reverse order (starting with the most recent) all tertiary academic work, including incomplete qualifications (compulsory for evaluation purposes)

Period		Name of university/ college/university of technology, etc.	Name of degree/ diploma/certificate	Study completed		University- Student no.
From Year/Month	To Year/Month			Yes	No	

D. EMPLOYMENT RECORD

Please record your most recent positions of employment, starting with your current position(s):

Period		Occupation	Employer
From Year/Month	To Year/Month		

SA Nursing Council Reference Number (Nursing applicants only)

Theology students must attach a certified matric certificate

University number (office use):

E. KINSHIPS

Spouse/family member Surname

ID

Initials

Birth date

Y Y Y Y M M D D

Title

Nationality: South African

Other (specify)

Occupation

Employer

Home address

Postal code

Postal address (if different from home address)

Postal code

Work address

Postal code

E-mail address

Cell phone number

Home Tel. no.

Area code

Number

Work Tel. no.

Area code

Number

Fax. no.

F. UNDERTAKING BY THE STUDENT

(IF STUDENT IS UNDER AGE WE ALSO REQUIRE THE SIGNATURE OF PARENT OR GUARDIAN)

1. The University will at all times be entitled to summarily cancel the student's registration should it become apparent that the information supplied in this form is false or incorrect.
2. The student is subject to all the rules and regulations contained in the brochures and the Institutional State of the University, including the rules and procedures with regard to student discipline
3. The University will take all reasonable steps to prevent the student from being injured or prejudiced by any in injury, loss or damage, whether or not it is caused by the negligence of the University or any of its employees, or a fellow learner. The student undertakes not to institute any claims against the University in respect of such injury, loss or damage and further undertakes to indemnify the University should the University incur any liability whatsoever pursuant to any negligent or other act or omission by the student.
4. The student, his/her dependants, executors, administrators and/or assignees relinquish and indemnify the University against any claim for injury, loss or damage of whatsoever nature which may arise on or outside the campuses of the University or on or in any other location or facility contracted by the University in connection with his/her study, during the period of study with the University.
5. By signing this application form and any subsequent registration forms, the student, and if applicable his/her natural or legal guardian confirms and acknowledges that the above provisions form part of the student's study contract with the University and is binding on the student, his/her aforesaid guardian, and their dependants, executors, administrators and assignees.
6. Potchefstroom shall be regarded as the place where this agreement has come into existence, irrespective of where it may have been signed.
7. I, the undersigned, will be responsible for the prompt payment of all and any money payable to the NWU in terms of my enrollment and/or association with the NWU, now and in future, as set out in more detail in the official University brochures as determined and amended by the University Council from time to time. The contents of these brochures form the basis of the financial agreement between the University and myself and are regarded to be incorporated in their entirety into this agreement. I shall forthwith fax proof of every deposit/ payment made with regard to monies paid into the University's bank account to enable the University to credit the student's personal study account with the University.
8. If I/the student fail/fails to make payments on pre-determined due dates, and if the University, at the University's sole discretion should hand over to attorneys any amount of monies for collection, I undertake to pay all costs whatsoever which may be due and payable, including tracing fees, collection charges, advocate's fees, and any expenses of whatever nature on an attorney-and-own-client scale. Any fees payable by me/ the student will firstly be allocated to the aforementioned costs, thereafter to interest and only then to the capital amount. A wage attachment order(s) may also immediately be issued against my/our employer(s) in order to attach my/our salary/salaries or wage(s) in order to collect the outstanding amount as a whole or in instalments.
9. Any amount owing and payable to the University in terms of the University's financial rules as published in the brochure entitled "Fees Payable and Financial Rules", may be fixed and proven by means of a certificate issued and signed by an authorised official of the

University number (office use):

University. Such a certificate shall be binding and will serve as *prima facie* proof of the extent and existence of such amount, unless and until the contrary is proved.

- 10. I hereby bind myself jointly and severally and *in solidum* together with the student to properly meet all conditions contained herein.
- 11. These conditions will remain valid and in force for the full duration of my/the student's enrollment as a student at the University and thereafter until all commitments in terms hereof have been met.
- 12. I have satisfied myself as to and subject myself to all the rules and regulations contained in the brochures and in the Institutional Statute of the University which form part of this agreement and/or as it may be amended from time to time.
- 13. Do you currently own any amount of money to any tertiary institution in South Africa? Yes No
- 14. If the answer in above is YES, please indicate the name of the Institution and the amount that is owed and attach all relevant details.
 Name of Institution: _____ Amount owed: _____

Signed on this _____ day of _____

SIGNATURE OF STUDENT

SIGNATURE OF WITNESS / PERSON LIABLE FOR PAYMENT

NAME AND SURNAME (please print)

NAME AND SURNAME (please print)

ID number

ID number

G. SURETY SHIP (IF NOT FULL TIME EMPLOYED, IF FULL TIME EMPLOYED, ATTACH CERTIFIED PAY-SLIP)

1. I, the undersigned,

Full names and surname

Identity number

hereby **bind myself** as surety and co-principal debtor *in solidum* (i.e., for the full amount) for the due performance by the student of all his/her financial obligations towards the University as set out in paragraph 3 of section J above.

I confirm that I understand the meaning of the term *in solidum* as explained in the paragraph above

2. I hereby **renounce** the benefits arising from the legal exceptions *de duobus vel pluribus res debendi and ordinis seu excussionis*, and I confirm that I am aware of the legal effect of the above-mentioned renunciation, namely that it entails the following:

2.1 *duobus vel pluribus res debendi* (the principle that a debtor is only liable for a portion of the amount payable): The University can, in its discretion, claim full payment of all outstanding monies owing to it from either the student or from myself as surety or jointly from both of us.

2.2 *ordinis seu excussionis* (the principle that a debtor is regarded as secondary and becomes liable only after the portion owed by the main debtor had been collected): I shall not be entitled to force the University to proceed against the student as principal debtor and to excuss him/her first before claiming performance from me as surety.

Signature

Date

Signature witness

ID number

University number: _____

H. OFFICE USE ONLY

H.1. RECOMMENDATION BY FACULTY/SELECTION COMMITTEE

Application approved Application rejected Year level to which admitted

Other recommendations _____

ADMINISTRATIVE MANAGER/CHAIRPERSON: _____ DATE Y Y Y Y M M D D

H.2 RECOMMENDATION BY THE SCHOOL DIRECTOR

NOTE: ONLY APPLICABLE TO POSTGRADUATE APPLICATIONS, EXCLUDING MASTERS/DOCTORS DEGREE STUDENTS

Application approved Application rejected

Other recommendations _____

SCHOOL DIRECTOR: _____ DATE Y Y Y Y M M D D

FOR OFFICE USE ONLY

TB

P

YEAR: 20.....

University number: _____ Qualification: _____

Title: _____ Initials: _____ Surname: _____

		Journal entry Bursary				
	R	T	K	P	J	B
Tuition fee:	R	T	K	P	J	B
First payment:	R	T	K	P	J	B
Age exemption/Postgraduate	R	T	K	P	J	B
	TOTAL					

Receipt number: _____ Date: _____ Signature: _____

AMOUNT RECEIVED	
FIRST PAYMENT	

Date application is processed: Y Y Y Y M M D D

Signature: _____

a **LEADING** university

According to the 2010 figures of the Department of Higher Education and Training (published in 2012), the NWU rated very well, benchmarked against the other 22 higher education institutions in South Africa. Here is the evidence:

- In 2010 the NWU was the third largest university in South Africa based on the total head count, namely 55 732 (in 2009 it was 50 589, which is an increase of 10,2%). In terms of distance students, the NWU was the second largest in SA.
- For the total number of degrees and diplomas awarded in 2010, namely 15 083, the NWU rated second in the sector (2009: 13 445, an increase of 12,2%).

Teaching-learning scoreboard for 2011:

- The NWU's undergraduate pass rate for 2011 was 85,2% for contact students and 85,3% for distance students, putting the NWU well ahead of the national average.
- With regard to the graduation rate of 26,6% for contact students and 29,9% for distance students, the NWU once again finds itself in the top echelon of the country's universities.

Vision of the NWU

The vision of the NWU is to be a “pre-eminent university in Africa, driven by the pursuit of knowledge and innovation”

Mission of the Potchefstroom Campus

To become a research-directed campus where teaching-learning and research are mutually reinforcing.



WORK INTEGRATED LEARNING (WIL UODL) PR 02

REGISTRATION: WIL DATABASE

This must be completed in full.

Attach this form to your application forms.

All fields are compulsory, except where email addresses are not available.

Please note that our preferred method of contact is through e-mail.

STUDENT INFORMATION:

NWU STUDENT NUMBER*																		
OLG STUDENT NUMBER*																		

*Office use only

Please complete in full and write clearly and neatly in block letters

ID NUMBER																		
CONTACT CENTRE NEAR YOU:																		
PRIVATE OR PROVIDE NAME OF BURSARY																		
TITLE																		
FULL NAME																		
PREFERRED NAME																		
SURNAME																		
CELLPHONE NUMBER																		
EMAIL ADDRESS																		
PREFERRED LANGUAGE																		
HOMETOWN																		
PROGRAMME/QUALIFICATION	GR R																	
CURRENT EMPLOYER																		
Are you currently in a teaching position?																		
• If yes, please indicate Grade (s) you are responsible for																		
Number of years in a <u>teaching</u> position																		

NB: All fields are compulsory and must be completed

Signature of student: _____

SCHOOL INFORMATION:

(Completed by the School that will be hosting the student for WIL)

The Primary and/or Pre -Primary School must have a Grade R classroom .

Please complete in full.

FULL OFFICIAL NAME OF SCHOOL										
QUINTILE SCHOOL	1	OR	2	OR	3	OR	4	OR	5	
EMIS NUMBER										
TELEPHONE NUMBER										
FAX NUMBER										
EMAIL ADDRESS										
GRADES (e.g. R – 7)										
LANGUAGE MEDIUM										
POSTAL ADDRESS								POSTAL CODE		
STREET ADDRESS								POSTAL CODE		
AREA / RESIDENTIAL AREA										
TOWN										
PRINCIPAL										
TITLE										
INITIALS										
SURNAME										
PREFERRED NAME										
TELEPHONE NUMBER										
E-MAIL ADDRESS										

SCHOOL MENTOR INFORMATION:

Post level requirements for appointment of Mentor for student at the school (one of the following):

Principal

Deputy Principal

Qualified Grade 1 Teacher with five (5) years or more relevant teaching experience

Qualified Grade R Teacher with five (5) years or more relevant teaching experience

Foundation Phase HOD.

Senior Phase HOD

Qualified educator in the phase that is relevant to student.

TITLE		INITIALS	
SURNAME			
PREFERRED NAME			
POSITION HELD (e.g. Principal)			
NUMBER OF YEARS OF TEACHING EXPERIENCE	YEARS		MONTHS
TELEPHONE NUMBER			
E-MAIL ADDRESS			
Student will be able and allowed to complete WIL as per the requirements for the WIL.		Yes	No

Signature of mentor: _____

PRINCIPAL:

I hereby confirm that the student will be able and allowed to complete WIL at this school.

Signature: Principal

Date

<p>SCHOOLSTAMP (Compulsory)</p>
--