



St Augustine College of South Africa

Application for Masters or Doctorate Admission in 2017

Please indicate which degree you are applying for (tick)

APPLICATION FEE: R500

	Full time	Part Time
Master of Philosophy in Applied Ethics		
Master of Philosophy in Culture and Education		
Master of Philosophy in Philosophy		
Master of Philosophy in Theology		
Doctor of Philosophy in Philosophy		
Doctor of Philosophy in Theology		
Name of MPhil specialisation (if any)		
I would like to study for Non-Degree Purposes – indicate NDP		

If you have selected an **MPhil** programme please indicate your preferred module choices (refer to Prospectus)

Year 1		Year 2	
1 st Quarter	_____	1 st Quarter	_____
2 nd Quarter	_____	2 nd Quarter	_____
3 rd Quarter	_____	3 rd Quarter	_____
4 th Quarter	_____	4 th Quarter	_____

PERSONAL DETAILS

Please write in capital letters

Prefix/Title Mr Miss Mrs Ms Other: _____

Surname _____

First Name _____

Middle Name/s _____

Preferred first name _____

Maiden Name _____ Date of Marriage _____
(please provide certified copy of marriage certificate)

South African Identity document no _____

Passport no (if not South African or if no residence permit) _____ Nationality _____

Date of birth _____ Gender (please tick) Male Female

Day _____ Month(eg.Jul) _____ Year _____

CONTACT DETAILS

Please write in capital letters

Home Tel: _____

Work Tel: _____ Fax: _____

Cellphone number: _____

Email address: _____

Physical Address _____

 Province _____ Code _____

Postal Address _____

 Province _____ Code _____

Name and address of Employer

Province Code

Telephone number

Current Occupation _____ since (date) _____

Previous working experience _____

PERMANENT RESIDENCE / STUDY PERMIT DETAILS Please write in capital letters

Have you applied for permanent residence? (y/n) If yes, has it been granted? (y/n)

If granted, state either RSA ID number or Permit Number _____

Date granted Year _____ Month _____ Day _____

Have you applied for a study permit for this institution? (y/n) If yes, has it been granted? (y/n)

Valid from Year _____ Month _____ Day _____ to Year _____ Month _____ Day _____

NEXT OF KIN DETAILS Please write in capital letters

Prefix/Title Mr Miss Mrs Ms Other: _____

Relationship to you

Surname

First Name

Physical Address

Postal Code

Telephone number

Cellphone number:

Email address:

GENERAL BACKGROUND Please write in capital letters

Population Group (as required for statistical purposes by the DoE) Black Coloured Indian White

Home Language:
(Listed alphabetically)

Afrikaans		Setswana	
English		Siswati	
isiZulu		isiXhosa	
isiNdebele		Tshivenda	
Sepedi		Xitsonga	
SeSotho		Other (please specify)	

Disability/Special Needs
(please state)

ACADEMIC HISTORY

Details of school attended

Name of School Telephone number **School leaving certificate details**Date examination was written Name of Examination Did you obtain an exemption

Subjects written eg. English, Maths etc	Symbol	Subjects written eg. English, Maths etc	Symbol
1.		5.	
2.		6.	
3.		7.	
4.		8.	

Please provide certified copy of your school leaving certificate. If not a SA Matriculation qualification please list subjects passed and results in above table.

OTHER QUALIFICATIONS /REGISTRATIONS

Degree/Diploma	Full-time or Part-time	Dates of Registration		Date of Graduation	Name of Institution and address
		From	To		

FURTHER INFORMATIONAre you currently registered for any other degree or diploma (y/n)

If yes, please give us details

Will you be registered in 2016 for any other degree or diploma (y/n)

If yes, please give us details

Name of Institution:**Degree/diploma for which registered****Year of study****Other details**

LEGAL DECLARATION OF INDEMNITY

1. Neither the College nor any employee or representative of the College acting in his/her capacity as such shall be liable for,
- any damage arising out of the death, bodily injury, loss of health or injury of any student or the destruction of or damage to any property owned by or in the custody of any student; or
 - any loss of a purely pecuniary nature suffered by any person whatsoever, whether such damage or loss be caused by the negligent or intentional act or omission, or any other wrongful act or omission of the College or any employee or representative of the College, or arising out of ownership of any domesticated animal.
2. The applicant hereby indemnifies the College against any claim made by any person whatsoever against the College in respect of any damage arising out of the negligent or intentional act or omission or any other wrongful act or omission of the applicant.

I, the undersigned applicant –

- a) declare and warrant that I am :
- a **major** or
 - a **minor** assisted as far as in law needs be by (full name and surname of guardian)
(Delete (i) or (ii) whichever is not applicable)

in his/her capacity as my guardian:

relationship to applicant

- b) acknowledge and understand the provisions of the declaration of indemnity above and hold myself bound thereby; and by all other provisions of this application; and by the rules of the College for the time being in force or as they may be altered, for any period during which I am a registered student.
- c) declare that I know that, should I during my attendance at the College undergo training in any workshop, laboratory or any other place of training or education or attend any excursion, exercise, sporting activity, event of any nature whatsoever or gathering (whether authorized by the College or not and whether authorised by law or not) whether within or without the College, I may be exposed to risks to life or to bodily injury or to health or illness or of damage to property, and that, in the full knowledge of this, I consent to run all the risks involved in any such training, excursion, exercise, sporting activity, event or gathering;
- d) certify that the information given in this form is accurate and complete.

LIABILITY FOR FEES

I undertake to pay unconditionally all fees, charges and equipment surcharges payable to the College as and when they fall due for payment, for any period for which I **am or may become a registered student / the said applicant is or may become a registered student** of the College. (Delete whichever is not applicable)

Signature of Applicant: _____

Date:

<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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With this application please provide:-

- A certified copy of your Identity Document/Passport
- Certified copies of your academic certificates and detailed and complete academic transcripts (records)
- Proof of change of name, if any (i.e. certified copy of marriage certificate)
- Evaluation certificate from SAQA (for Non-South African academic qualifications)
- Outline (2-4 pages) of proposed dissertation or thesis in case of MPhil by Research Only or DPhil degrees
- Application fee (R500) payable in advance. Banking details Standard Bank, Northcliff Branch, Account number :022 517 928, Branch code : 00 63 05 (proof of payment can be faxed to 011-380 9222)

A reminder to return completed forms with accompanying documentaiton to:

The Assistant Registrar: Postgraduate Education, St. Augustine College of South Africa, P.O.Box 44782, Linden 2104
Our contact details: Tel: 011 380 9011 Fax: 011 380 9211 or 011 380 9200 Email: c.thorn@staugustine.ac.za

Thank you for your application. We will respond in writing as soon as possible.