



# St Augustine College of South Africa

## MATHS CONVERSION COURSE

### Application Form

# 2018

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 200**

This application will not be processed unless accompanied by the following:

- Certified copy of Applicant's Identity Document / Passport.
- Certified copy of matriculation certificate.
- Proof of payment of the non-refundable application fee.  
(Proof of payment should be emailed to: [undergraduate@staugustine.ac.za](mailto:undergraduate@staugustine.ac.za); deposit reference: Maths + 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     Miss     Ms     Mrs     Other

Surname

First Name/s

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

South African Identity Number

If the Applicant is a citizen or permanent resident of a country other than South Africa, please provide the following:

Country

Passport Number

Does the Applicant need a study permit?    Yes     No     If yes, has it been granted?

If granted, valid from (dd/mm/yy):  to

For statistical purposes, please provide the following:

Sex                      Male     Female     Home Language

Religious Affiliation

Population Group

Disability (if any)

## PROGRAMME OF STUDY

The Applicant confirms that he/she is applying to do MATH 001; Mark Box with an X.

This is a one semester (July to Nov), non-credit bearing module.

The purpose of this module is to provide students with a secure foundation for undergraduate study in Mathematics and Statistics. For those students wishing to register for a Bachelor of Commerce at St Augustine, and who have achieved at least 60% for Mathematics Literacy in the National Senior Certificate, a pass in MATH 001 will ensure entry into MATH 101 and STAT 102.

While successful completion of the course will improve the mathematical achievement of the Applicant, St Augustine cannot guarantee that the course will be recognised for entry into courses requiring mathematics offered by other universities. On successful completion of the module a Certificate will be issued.

The module consists of core topics in three learning areas: (1) Number and Number Relationships (natural and whole numbers; integers; rational, irrational and real numbers; arithmetic and geometric sequences and series); (2) Functions and Algebra (products, factors, algebraic fractions; linear, quadratic and simultaneous equations; simple inequalities; exponents and logarithms; linear and quadratic functions; graphs of functions; limits, the derivative as a limit); (3) Space, Shape and Measurement (analytical geometry: point, distance, gradient and straight line).

### Fees

**The full fee due for the Course is payable on Registration.** For the fee due, please consult the Fee Schedule to be found on the St Augustine website.

The Applicant confirms that he/she has read and understand the above paragraph; Mark Box with an X.

## APPLICANT'S CONTACT DETAILS

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

## PARENT / GUARDIAN CONTACT DETAILS (compulsory if applicant is under 21)

This section **MUST** be completed if the Applicant is under 21 years of age.

Relationship to Applicant					
Title	Mr <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Mrs <input type="checkbox"/>	Other <input type="checkbox"/>
Surname					
First Name/s					

If he / she is a South African citizen or permanent resident, please provide the following:

South African Identity Number

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If he / she is a citizen or permanent resident of a country other than South Africa, please provide the following:

Country

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Passport Number

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Home (Street) Address


Postal Address (if different to Home Address)


Mobile / 'Phone Number

--

eMail Address

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## SECONDARY SCHOOL-LEAVING EXAMINATION DETAILS

To be completed by the Applicant who has written a South African school-leaving certificate.

School name

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School Address

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Examination Written / to be Written

NSC

--

IEB

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Other

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Matriculation subjects and marks:

Subject		%	Subject		%
1			2		
3			4		
5			6		
7			8		

NB The Applicant must provide a certified copy of the examination certificate.

## DECLARATION BY APPLICANT AND PARENT / GUARDIAN

Without prejudice to the terms of my application for admission to St Augustine, I make the following declarations:

- I will abide by the rules of St Augustine.
- I will hold myself responsible for: the payment of all fees and charges due and payable by me to St Augustine; any arrears and interest on arrears; and any costs of recovery, including attorney-and-client scale fees and / or collection commission.
- 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.
- 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.
- 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

### Declaration and Suretyship by Parent / Legal Guardian / Next-of-Kin

If the Applicant is under 18, his / her parent / guardian must make this declaration. If the Applicant is 18 or older, and his / her legal guardian will be paying the Applicant's fees, the parent / guardian must make this declaration. If the Applicant does not have a parent or a legal guardian, a responsible adult family member (next-of-kin) or other responsible adult who is prepared to make this declaration and the undertaking, must sign this Declaration and Suretyship.

Relationship to Applicant

Title

Mr

Miss

Ms

Mrs

Other

Surname

First Name/s

If he / she 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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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If he / she is a citizen or permanent resident of a country other than South Africa, please provide the following:

Country

Passport Number

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Home (Street) Address

<input type="text"/>														
<input type="text"/>														
<input type="text"/>										Postal Code	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Postal Address (if different to Home Address)

<input type="text"/>														
<input type="text"/>														
<input type="text"/>										Postal Code	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Mobile / 'Phone Number

eMail Address

I agree and consent to the above declaration, undertakings, waiver and indemnity by the Applicant. I consent to the Applicant signing registration forms if admitted. I hold myself jointly and severally liable with the Applicant as co-debtor for all amounts due by the Applicant to St Augustine, until I notify St Augustine to the contrary, in which event such cancellation shall take effect only from the beginning of the following academic year. I consent to St Augustine holding and processing personal information supplied by me in this application form (including any application for a St Augustine administered bursary) for purposes related to this application.

Signature of Parent / Legal Guardian / Next-of-Kin

Date

**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:**

**undergraduate@staugustine.ac.za**

**Tel: 011 380 9000**

**Thank you for your Application. We will soon be in touch with a response.**