



St Augustine College of South Africa

UNDERGRADUATE DEGREE

Application Form

2019

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 100

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 bachelor degree – not a diploma, nor 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: undergraduate@staugustine.ac.za; deposit reference: UG + 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

Maiden Name

Last Name on Matriculation Certificate (if applicable)

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

Please indicate with a cross, which undergraduate degree the Applicant is applying for:

Bachelor of Arts (BA)	<input type="checkbox"/>	Bachelor of Arts (BA) Extended	<input type="checkbox"/>
Bachelor of Commerce (Politics, Philosophy, Economics) (BCom (PPE)) Full-Time			<input type="checkbox"/>
Bachelor of Commerce (Politics, Philosophy, Economics) (BCom (PPE)) Part-Time			<input type="checkbox"/>
Bachelor of Theology (BTh) Full-Time	<input type="checkbox"/>	Bachelor of Theology (BTh) Part-Time	<input type="checkbox"/>

(NB Part-Time does not mean distance learning; rather, an Applicant registers for fewer modules each year.)

Intake (commencement date) for which applying	January	<input type="checkbox"/>	July	<input type="checkbox"/>
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Fees Payable

The Applicant MUST pay the initial application fee – a once-off, non-refundable fee.

For the fee payable for the academic year / half of the academic year (in the case of the July intake), please consult the St Augustine website, or obtain the necessary information from the Undergraduate Co-ordinator (tel: +27 (0)11 380 9000; eMail: undergraduate@staugustine.ac.za).

Once the Applicant's Application has been accepted, the Applicant will be invoiced for the academic year / half the academic year for which he/she will be registered.

ALL students (whether January or July intake) MUST re-register at the beginning of each academic year.

Please note that St Augustine reserves the right not to offer a particular degree programme in any academic year.

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														
If he / she is a citizen or permanent resident of a country other than South Africa, please provide the following:														
Country														
Passport Number														
Home (Street) Address														
											Postal Code			
Postal Address (if different to Home Address)														
											Postal Code			
Mobile / 'Phone Number														
eMail Address														

FEE PAYER INFORMATION

This section MUST be completed if the Applicant is not the fee payer.

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														
If he / she is a citizen or permanent resident of a country other than South Africa, please provide the following:														
Country														
Passport Number														
Home (Street) Address														
											Postal Code			
Postal Address (if different to Home Address)														
											Postal Code			
Mobile / 'Phone Number														

eMail Address

FINANCIAL ASSISTANCE

Does the Applicant intend to apply for a St Augustine administered Bursary?

SECONDARY SCHOOL-LEAVING EXAMINATION DETAILS

To be completed by the Applicant who is writing / has written a South African school-leaving 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 must be obtained (<http://mbit-apply.usaf.ac.za/applicant/add>; tel +27 (0) 10 591 4401/2; eMail Applications@USAf.ac.za).)

Has Applicant written the Matriculation examination?

Yes

No

If yes, when?

School name

School Address

Examination Written / to be Written

NSC

IEB

Other

Matriculation subjects and marks (if writing the Matriculation Examination this year, please provide your grade 11 results)

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

NB If the Applicant has written his / her matriculation examination, he / she must provide a certified copy of the examination certificate; if not, the applicant must provide a copy of the examination certificate as soon as it becomes available.

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 Registration	Tertiary Institution	Year of Completion

MOTIVATION

The Applicant should provide a one-page motivation explaining why he / she wishes to study at St Augustine; the motivation should include mention of the subjects for which the Applicant intends to register and some information about the applicant (personal circumstances and future goals).

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

<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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Home (Street) Address

Postal Code

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Postal Address (if different to Home Address)

Postal Code

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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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.