



UNIVERSITY
OF
JOHANNESBURG

ENQUIRIES

Direct further enquiries
about your application to:
011 559 2528
Email: lduplessis@uj.ac.za

www.uj.ac.za

POSTAL AND DELIVERY ADDRESS

**AUCKLAND PARK
KINGSWAY CAMPUS**
cnr Kingsway and University Road
Auckland Park, Johannesburg

STUDENT ENROLMENT CENTRE

PO Box 524
Auckland Park
2006

All International Students

should first contact the International
Office before applying:

APK: +27 11 559 4517
APB: +27 11 559 1027
DFC: +27 11 559 6510
international@uj.ac.za
www.uj.ac.za/International

**NO APPLICATION
FEE WILL BE
CHARGED FOR
STUDY ABROAD
APPLICATIONS**

Exchange

Free movers

APPLICATION FORM: INBOUND STUDY ABROAD

INSTRUCTIONS FOR COMPLETING THE APPLICATION FORM

VERY IMPORTANT

- Please read the instructions carefully and complete all applicable sections.
- Incomplete forms **will not** be processed.
- Only ONE application form per applicant.
- Please print clearly.

1. INFORMATION ON HOME INSTITUTION

HOME INSTITUTION:

PRINCIPAL FIELD OF STUDY AT HOME INSTITUTION:

UNDERGRAD/POSTGRAD:

PRINCIPAL FIELD OF STUDY AT UJ:

TITLE	LAST NAME/SURNAME	INITIALS	DATE OF BIRTH (DD/MM/YYYY)	PASSPORT NUMBER
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

2. CONDITIONS APPLICABLE TO STUDY ABROAD APPLICANTS

- Exchange students register as international exchange students at the University of Johannesburg. They are expected to stay fully registered students of their home institution.
- Payment of tuition fees will be subject to terms of the particular exchange agreement. Under normal conditions **Exchange Students** receive a tuition waiver for the course directly related to their programme at their home institution. An International levy of **R17 000** is payable to the Division for Internationalisation.
- Payment of tuition fees applicable to **Free movers** are **R33 000**.
- Accommodation fees will be for the student's account (**±R1 000** deposit and **±R28 000** per year or **±R14 000** for a semester). (Subject to change in exchange rates).
- Compulsory ICT levy of **R385** and registration fee of **R550** are applicable.
- Text books and living expenses are also for the student's account.
- A student from a partner university will only be considered as an "exchange student" if recommended by the International Office and/or exchange coordinator in the relevant academic department of the home institution.
- A successful applicant must be in possession of a passport valid for no less than six months after the Study Abroad semester comes to an end.
- A successful applicant must be in possession of a valid study permit in order to register. The applicant may apply for this permit at a South African visa issuing facility nearest to them, once a letter of admission has been issued by the Study Abroad Office.

3. CHANGE OF ADDRESS

The University must be notified immediately of any change of address after submission of the form at the Student Enrolment Centre.

4. COMMUNICATION TO APPLICANTS

You will receive a separate email and/or sms communication with regard to the outcome of your academic, residence, and bursary or loan application. It is therefore in your best interest to complete both email and cellphone contact details on this application form as we will no longer be communicating via paper responses.

5. ACADEMIC DOCUMENTS

All documents required for this application must be certified.

5.1	All Applicants must include the following documents	Documents Required
	Academic Transcripts in English	✓
	Passport (the identification pages)	✓
	Proof of South African registered medical aid	✓
	Proof of English Language Proficiency (UJ recognises the IELTS test and undergraduate students should pass at a Level 6)	✓
	Recommendation from relevant academic staff member	✓

6. STUDY PERIOD AND APPLICATION DEADLINES

TIME PERIOD	TICK APPROPRIATE BOX	TIME PERIOD	TICK APPROPRIATE BOX
Semester 1 (Feb - June)		Full year (Feb - Nov)	
Semester 2 (July - Nov)		Full year (July - June)	

- Application deadlines:
- Semester 1 - 30 September
 - Semester 2 - 31 March

Start Date: End Date:

Have you been in contact with an academic at the University of Johannesburg?

If so, please provide the full contact details:

I FOR OFFICE USE ONLY

STUDENT NUMBER STICKER

STUDENT NUMBER (PREVIOUSLY ALLOCATED)

FILEPLAN NUMBER

9FD/9.1.3.1

APS <= 17	SA WITH INTERNATIONAL QUALIFICATION	EXTRA-CURRICULAR	DOCUMENTS OUTSTANDING	DISABILITY
F7	UNDERGRADUATE	INTERNATIONAL	ORANGE CARPET	RPL
ACE/NCV	POSTGRADUATE	ACCOMMODATION		

NOTES:

DESCRIPTION	DATE	STATUS
1st Choice		
2nd Choice (if applicable)		

Signature: Supervisor (Undergraduate/Postgraduate)

AND/OR

Signature: HOD

II ACADEMIC APPLICATION

Consent to collect and process personal information:

- I/we, the undersigned applicant/parent/legal guardian, hereby consent to the collection and processing of my personal information for the purpose of processing this application form and all relevant administrative and governance purposes relating thereto. I/we confirm that the personal information supplied is true and accurate and that I/we acknowledge that it is adequate, relevant and not excessive.

SECTION A: QUALIFICATION DETAILS

APPLICATION FOR YEAR OF STUDY

First choice of study e.g. BCom (Accounting)

Qualification code (As per prospectus)

Second choice of study e.g. BCom (Finance)

Qualification code (As per prospectus)

NB: 1. Please ensure that you qualify for the above programme choices. Third and fourth choices will not be considered.

SECTION B: PERSONAL DETAILS

1. Identity number

2. Passport number (International students only)

3. Title (Dr/Mr/Mrs/Ms, etc.)

4. Initial(s)

5. Surname

6. First names in full

7. Date of birth e.g.

1	2	0	4	1	9	8	7
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D	D	M	M	Y	Y	Y	Y

8. Gender Male Female

9. Home language (Mark with an "X")

Afrikaans		Sesotho sa Leboa	
English		Setswana	
IsiNdebele		SiSwati	
IsiXhosa		Tshivenda	
IsiZulu		Xitsonga	
Sesotho		Other Home Languages (Specify)	

10. Population group (COMPULSORY) (Information required for government reporting purposes)

African		Coloured		Indian		White		Other	
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11. International Citizenship, indicate your country of origin:

Angola		Namibia		Countries in Asia	
Botswana		Swaziland		Countries in Australia & Oceania	
Lesotho		Zambia		Countries in Europe	
Malawi		Zimbabwe		Countries in North America	
Mozambique				Countries in South America	
Other countries (Specify)				Other (Specify)	

12. Current and previous activity: Please indicate your current and previous activity (Please tick **all** relevant blocks)

	Current	Previous		Current	Previous
Grade 11/Grade 12 learner			Technical college student		
Labour force (work)			Technikon student		
Nursing college student			Unemployed		
Teachers' college student			University student		
Other					

SECTION C: SCHOOL-LEAVING DETAILS

1. Highest grade passed to date

Grade 11

Year				
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Grade 12

Year				
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No mid-year Grade 12 marks will be accepted.

2. Type of school-leaving results

International Results	
South African Grade 12	

SECTION D: HIGHER EDUCATION QUALIFICATIONS

1. PREVIOUS HIGHER EDUCATION STUDIES

Supply full details of studies at higher education institution(s) as indicated on previous page, if applicable. For registration purposes, the following are regarded as higher education institutions: universities, previous technikons, and teachers' training and technical colleges. In the event of discontinuation of studies, indicate the date of cancellation.

Year from	Year to	Higher education institution	Field of study (e.g. BA, BCom, MSc (Zoology))	Result (e.g. cancelled, failed, degree obtained)

SECTION E: OTHER PARTICULARS

1. DO YOU HAVE A DISABILITY?

Please indicate with a tick in either of the boxes below:

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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1.1 If "Yes", please indicate with a tick which one of the disability categories below is most applicable to the nature of your disability:

Communication (Talking, listening)	<input type="checkbox"/>		Multiple	<input type="checkbox"/>
Emotional (Behavioural & psychological)	<input type="checkbox"/>		Physical (Moving, standing, grasping)	<input type="checkbox"/>
Hearing (Difficulties in hearing, deaf)	<input type="checkbox"/>		Sight (Blindness, reduced vision, glasses and/or albinism)	<input type="checkbox"/>
Learning (Difficulties in learning)	<input type="checkbox"/>			<input type="checkbox"/>

In order for the *Office: People with Disabilities* to facilitate support and reasonable accommodation, please give in detail **the nature** of your disability, e.g. use of wheelchair, crutches.

The University must be informed of certain disabilities in order to determine whether it is able to make special arrangements to accommodate persons with such disabilities. It is the prospective student's responsibility to inform *PsyCaD's Office: People with Disabilities* and to make a declaration to the relevant professional board/s (where applicable) in this regard. Confidential advice can be obtained from the Office: People with Disabilities, psycadinfo@uj.ac.za / ashmoren@uj.ac.za or 011 559 3745.

SECTION G: ACADEMIC SUBJECT SELECTION

Visit the relevant Faculty/Departmental website: <http://www.uj.ac.za/EN/Faculties/Pages/default.aspx> and list all the courses that you intend to follow (maximum of 4 courses per semester). Please note that course selection is subject to the course offering by departments and approval from relevant departments.

SUBJECT NAME	SUBJECT CODE	DEPARTMENT	FACULTY
<i>EXAMPLE: Logistics Management</i>	214	<i>Department of Logistics</i>	<i>Faculty of Economic and Management Sciences</i>

Number of credits required during semester (please indicate USA or ECTS):

DECLARATION BY HOME UNIVERSITY:

Name: I hereby state that (name and surname of the student) has the full support of the home university to spend the following period studying at the University of Johannesburg:

From: To:

Signature:

Faculty/Department:

Date:

Function:

Physical Address:

.....

Tel: Fax:

Email:

OFFICIAL STAMP OF THE UNIVERSITY

1. I/we hereby consent to the collection and processing of my/our personal information as stated on Page 3 of this application form.
2. I/we understand that this document in no way whatsoever constitutes a registration form and/or agreement with UJ and that, upon the applicant's application being successful, the applicant will have to complete and sign a registration form incorporating the student agreement.
3. I/we confirm that the signature(s) on this application form is/are my/our own and that UJ may accept this/these signature(s) as being my/our true signature(s). I/we understand and acknowledge that it is in the discretion of the UJ not to process this application if the application contains any false or misleading information or signatures.

Note:
The applicant consents to personal information being utilised for government and University statistical purposes.

ALL APPLICANTS TO COMPLETE AND SIGN

1. I hereby declare that this information is correct

Initials and surname of **applicant** (name in print)

Signature of **applicant** (Duly assisted by his/her parent/legal guardian, as may be required by law)

Date

AN APPLICANT UNDER THE AGE OF 18 MUST HAVE THIS FORM SIGNED BY EITHER A PARENT OR A LEGAL GUARDIAN.

2. I hereby declare that this information is correct

Initials and surname of parent/legal guardian (name in print)

Signature of parent/legal guardian (name in print)

Date