

2021



SEFAKO MAKGATHO
HEALTH SCIENCES UNIVERSITY

Student Application Form

Undergraduate
Postgraduate

The Registrar

PO Box 60

Medunsa

0204

Tel: 012 521 5057/5059/5062 (Call Centre)

012 521 4979/4058/5886/4319 (Enrolment Management Office)

or

Email to: apply@smu.ac.za

STUDENT APPLICATION FORM

A NON REFUNDABLE APPLICATION FEE OF R 200 (TWO HUNDRED RAND) MUST BE PAID AND THE DEPOSIT SLIP ATTACHED TO THE APPLICATION FORM UPON SUBMISSION.

BANKING DETAILS

Bank: Standard Bank	Account Holder: Sefako Makgatho Health Sciences University
Branch: Thibault Square	Branch Number: 020909
Account Number: 071 244 395	
Reference: Your Identity Number	

		Student Number		Academic Year	
		<i>For Office Use</i>		2021	
A.	ACADEMIC DETAILS				
1.	Qualifications you intend to follow (e.g. MBChB, B.Sc.)				
	Degree / Diploma		Study Level (e.g 1 st , 2 nd)		
	1st Choice				<i>For office use</i>
	2nd Choice				<i>For office use</i>
2.	Mode of Study	Full Time	<i>For office use</i>	Part Time	<i>For office use</i>
				Block Release	<i>For office use</i>

B.		PERSONAL DETAILS OF APPLICANT						
3.	Title		4.	Initials		5.	Surname	
6.	Maiden Name (if applicable)					7.	Full Names	
8.	Id Number (RSA)					9.	Date of Birth	
10.	Passport number (International applicants only)					11.	Passport Expiry Date	

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B.		PERSONAL DETAILS OF APPLICANT (cont.)			
12.	Marital Status (single/married/divorced)		13.	Gender	Female Male
14.	Home Language / Mother Tongue		15.	Religion	
16.	Occupation/Student Status: (eg Grade 12 Learner, University Student, Employed, Unemployed or other)		17.	Any Physical Impairment/ disability e.g blindness	
18.	Residential or Physical Address (not a school address)				
				Code	
19.	Postal Address				
				Code	
20.	Telephone No.		Fax No.		
	Cell No.		Email address		

C.		HEMIS DETAILS (Compulsory)			
21.	Citizenship/ Nationality		22.	Ethnic Group/ Race	
23.	Province/ State		24.	Rural/Urban	

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D.		MATRICULATION DETAILS					
25.	Examination Year		26.		Highest Grade Passed (Grade 11/ 12)		
27.	Upgrading Grade 12	YES (attach Grade 12 statement of results plus proof of enrolment for upgrade)			NO		
28.	Senior Certificate Type (e.g. NSC or IEB)						
29.	School Name						
30.	Examination Department (e.g. Gauteng, Limpopo)						
31.	Last Examination Results	December Grade 11		June Grade 12		December Grade 12	
32.	Subjects and results of last examination	Subject			Symbol/ Level of Achievement		

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E.		POST SCHOOL ACADEMIC ACTIVITIES					
33.	Were you previously registered at this or another institution of higher education institution? If yes, please supply the following information :	YES		NO			
	Institution	Student Number	Period of study From-To	Was the qualification completed?		If YES, which year?	
				Yes	No		
				Yes	No		
34.	If you have studied at another higher education institution (including Sefako Makgatho Health Sciences University), please attach your Academic Transcript and or proof of registration.						
35.	Have you previously been excluded from any higher education institution? If yes, supply the following information	YES		NO			
	Name of Institution						
	Qualification excluded from						
	Date and period of exclusion	Date		Period			
	Grounds for exclusion (academic, financial or disciplinary)						

F.		RESIDENTIAL APPLICATION (OPTIONAL)			
36.	Would you like accommodation on campus?	YES		NO	
	Student housing with catering	YES		NO	

Please Note: accommodation on campus is not guaranteed



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G. FINANCIAL AID (OPTIONAL)					
37.	Do you require and qualify for National Student Financial Aid Scheme (NSFAS)? If yes, please refer to www.nsfas.org.za for more information	YES		NO	

H. PARTICULARS OF PARENTS/GUARDIAN/ SPOUSE/ NEXT OF KIN									
38.	Title		Initials		Surname		Relationship		
39.	Residential Address (not postal address)								
						Code			
40.	Postal address								
						Code			
41.	Please specify which address you want Financial Statements to be sent to								
42.	Contact Numbers	Work		Home		Cell phone			
43.	Is your parent/guardian or spouse a staff member of Sefako Makgatho Health Sciences University?					YES		NO	
	If yes, indicate his/her staff number								
44.	Are you a staff member of Sefako Makgatho Health Sciences University?		YES		NO		Staff No.		



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I.	DECLARATION
	<p>I, _____ (full names and surname) hereby declare that :</p> <ol style="list-style-type: none">All the information provided in this application is true and correct.I undertake to abide by all the rules and regulations of Sefako Makgatho Health Sciences University.I have concluded this agreement with the knowledge and consent of my parents/guardian/spouse or next of kin (if under 18 years of age).I understand that my application will not be processed if I have not submitted all the required applicable documentation as it will be deemed to be an invalid application.I understand that the University receives more applications than it can accommodate within its available spaces. Therefore, meeting minimum admission requirements does not guarantee admission.I undertake to notify the University Registrar or his/or his designate in writing, if I wish to cancel my application during the current application cycle.

Please Note

The University reserves the right to verify and validate the correctness of information provided. If it is found to be misrepresented or untruthful after an admission offer has been made, the admission offer will be revoked immediately and no further correspondence will be entered into with the prospective student concerned.

Signed at _____ on the ____ day of _____ 20.....

Signature of Applicant : _____

Date : _____

Name of Parents/Guardian/Spouse : _____ (if applicable)

Signature of Parents/Guardian/Spouse : _____ (if applicable)

Date : _____



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FOR OFFICE USE			
Documents to accompany the Application Form (attach only those that are applicable to you)			
Matric Certificate		Proof of application fee payment	
Degree Certificate		Identity Document / Passport	
Diploma Certificate		Marriage Certificate	
Academic Transcript/Proof of registration		SAQA Evaluation (for international school leaving results)	
Grade 11/ 12 School Results			
_____ Name of processing officer		_____ Signature of processing officer in the Registrar's Office Date: _____	

Office Stamp
