

Admissions and Enrolment Form



| 1. Student Details | | | |
|--------------------------------------|------------|----------------|------------|
| ID No.: | | | |
| Surname: | | First Name(s): | |
| Initials: | Title: | Date of Birth: | Gender: |
| Nationality: | Religion: | Home Language: | |
| Employed/Unemployed: | | Special Needs: | |
| Telephone: | Cellphone: | Fax: | |
| Email Address: | | | |
| Residential Address: | | | |
| Postal Address: | | | |
| 2. Academic Qualifications | | | |
| High School: Main Subjects | | | |
| Undergraduate: | | | |
| Post-Graduate: | | | |
| 3. Employment Details | | | |
| Employer: | | | |
| Direct Supervisor: | | Telephone: | Cellphone: |
| Email Address: _____ | | | |
| 4. Next of Kin Details | | | |
| Name and Surname: | | | |
| Relationship: | | Telephone: | Cellphone: |
| Email Address: | | | |
| Residential Address: _____ | | | |

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5. Course Details

Course Title:
Faculty:
First Semester Modules:

| Unit Code | Unit Name | Class Type |
|-----------|-----------|------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Department Authorisation: _____ *Date:* _____

6. Allergies, Special Health or Medical Conditions and Food Supplements

Do you have any food, medication or environmental allergies?

No:
Yes: Food: Medication: Environmental:

List and Explain:

Do you have a Special Health or Medical Condition?

No:
Yes: - please explain

7. Payment Plan

| | |
|-----------|--------------------------|
| Monthly | <input type="checkbox"/> |
| Quarterly | <input type="checkbox"/> |
| Semester | <input type="checkbox"/> |
| Yearly | <input type="checkbox"/> |

8. Accommodation Booking

| | |
|------------------|--------------------------|
| Single | <input type="checkbox"/> |
| Sharing | <input type="checkbox"/> |
| No Accommodation | <input type="checkbox"/> |

9. Payment Details

Person Responsible:
Telephone: _____ Cellphone: _____ Email: _____
Address: _____

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10. Student Acknowledgement, Agreement and Consent

1. I have read the University's student data protection and privacy collection statement.
2. If tuition fees are paid by an organisation registered with SRU as a sponsor, I authorise the university to release fee and academic progress information to my sponsor by any means available.
3. If under 18 years of age, I authorise the university to release academic progress information to my SRU approved guardian.
4. I agree to be bound by the student charter, statutes, regulations, policies and procedures of the university as amended from time to time and agree to pay all fees, levies and charges directly arising from my enrolment.
5. I consent to receiving electronically, information and business documents relating to my enrolment from the university and from the university owned companies that provide support services to students on behalf of the University.

Signature of Student:

Date:

Signature of Person Responsible for Payment:

Date:

Office Use Only

Faculty Approval/Dean

Deputy Registrar – Academic

Processing Date

** The form will only be processed if it is accompanied by all supporting academic documents.

This Application Form can be hand-delivered or emailed to admissions@springfieldresearch.university