

Please print and complete and submit with all the other documents.

Reference number: _____

MEMORANDUM OF AGREEMENT

Should my application be successful

I, _____ declare that

1. All particulars given by me in this form are true and correct;
2. I will acquaint myself with the rules and regulations of the Tshwane University of Technology and will abide by them;
3. I will inform the Registrar immediately, in writing, should I change my address or cancel or change my course or any subjects;
4. I am aware that my enrolment is valid only if it complies with the relevant regulations of the University; notwithstanding provisional acceptance of this enrolment by the University;
5. I am aware that fees and legal costs will be recovered from me should I fail to fulfil my financial commitments towards the University;
6. I hereby give consent to the University and its subcontractors or operators to collect and process my personal information for the purposes of this agreement provided such information is kept confidential;
7. I understand that subject to applicable laws and rules and regulations of the University, I may access the personal information TUT has about me by contacting the office of the Registrar and if necessary request that corrections be made;
8. I authorise the University to provide information relating to my studies and conduct while at the University to other educational institutions, my parents or legal guardian, my employer and my sponsors to enable such a sponsor or funder to determine the continuation of such sponsorship or funding;
9. I authorise the University to provide information relating to my studies and conduct to potential sponsors or potential employers to enable such potential sponsor or potential employer to decide whether to provide me with funding, training or employment opportunities;
10. I grant the University permission to enquire and verify my qualifications already obtained in other institutions;
11. I record and warrant that I have obtained the information as required for the application for financial assistance, directly from the household / family members listed and that I have their consent to convey it to you and that you may verify such information. I verily believe that the information disclosed is true and correct, and this information thus made available whether disclosed or undisclosed is subject to the qualification that it may be verified, with the understanding that the Financial Aid Office will keep the information confidential.
12. (a) I am capable of concluding an agreement and am legally competent to sign this application and may therefore enter, unassisted, into an agreement with the Tshwane University of Technology; and
(b) I sign this application and enter into an agreement with the Tshwane University of Technology with the permission of my parents/guardian/husband.
Delete (a) or (b), whichever is inapplicable;
13. I accept full responsibility for the payment of all class and/or residence fees as well as any other fees determined by the Tshwane University of Technology;
14. I accept that my examination results/ certificate/diploma/degree and study records may be withheld under the following circumstances:
(a) In the event of my student account being in arrears, or
(b) In the event of any disciplinary matter pending against me;

MEMORANDUM OF AGREEMENT (continue)

Reference number: _____

15. I hereby cede and transfer to the University all rights and title in any intellectual property created by me during my course of study or in any research project I undertake at the University, unless otherwise agreed.

Signature of applicant

Date

Herein assisted as far as may be necessary while the applicant or student is still under the age of eighteen years.

I, _____ (Print first names and surname)
the undersigned, in my capacity of _____ (parent or legal guardian)
hereby admit that I am to be jointly and separately responsible for moneys, the above applicant may at any stage owe the Tshwane University of Technology in terms of agreement that he/she has concluded with the University, as set out above, including any alterations to such agreement.

Signature of parent of legal guardian

Date

NB: IT IS COMPULSORY THAT THIS CONTRACT BE SIGNED BY ALL PARTIES CONCERNED

Please complete and submit with all the other documents.

Reference number: _____

INDEMNITY AGAINST CLAIMS FOR LOSS OR DAMAGES

I, _____ (full name), the undersigned, hereby declare that I (including my dependants) shall not institute any claim of any nature whatsoever against the Tshwane University of Technology or any employee of the Tshwane University of Technology, acting within his or her employment capacity, nor shall I in any way whatsoever hold the Tshwane University of Technology responsible for any loss or damage that I may suffer in person or in respect of any property of mine, or which may directly or indirectly arise from my commitment, as a registered student, towards the Tshwane University of Technology, resulting from any act or omission whatsoever during the full period of my tuition and/or practicals, or during any sport activity that I undertake, or during any time that I live in a residence of the Tshwane University of Technology, or during any trip of journey that I undertake to or from such residence or tuition or practical training or with regard to any activities at practical training locations, regardless of the way in which such loss or damage may occur and regardless of who or what may be responsible. I undertake to participate in any activity that I am expected to participate in, on my own responsibility, voluntarily taking on any risk I may expose myself to in connection with any such activity.

I hereby confirm that I will timeously acquaint myself with all the information and rules in connection with practical training, and that I am, as a registered student of the Tshwane University of Technology, bound to adhere to the General Rules and Regulations of the Tshwane University of Technology

I understand that the terms and conditions of this indemnity shall remain in force for the duration of my studies at the Tshwane University of Technology.

I furthermore declare that, in case I am injured in such a manner that I cannot personally give consent to any medical treatment or medical intervention that I may be in the dire need of, the supervisory staff may sign the necessary letters of consent on my behalf.

Thus signed at _____

On this _____ day of _____ 20__

Student's signature: _____

Signature of parent/guardian, if applicable:

(if student is a minor)