

UNISA Centre for Lifelong Learning (UCL)

College of Law (CLAW)
Centre for Business Law

Please note that this application form can only be completed using Internet Explorer. The completed form will be sent as an attachment to : CBUSLAW@unisa.ac.za

| BIOGRAPHICAL INFORMATION | | | |
|---|------------------|----------------|--|
| Student number (for existing students) | | | |
| Name of programme | | | |
| Programme code | | | |
| Surname, initials, titles (e.g. Smith RJ Mr) | | | |
| Full names | | | |
| Maiden name and/ or previous surnames (if applicable) | | | |
| Date of birth (dd-mm-yyyy) | | Gender | |
| Identity / Passport number | | | |
| Physical disabilities | | If Yes, please | |
| Contact details | Tel (h) | | |
| | Tel (w) | | |
| | Mobile telephone | | |
| | Fax | | |
| | Email address | | |
| Highest academic qualification | | | |

| PHYSICAL/COURIER ADDRESS | | POSTAL ADDRESS | |
|--|--|----------------------------|--|
| | | | |
| | | | |
| | | | |
| Postal code | | Postal code | |
| City in which you reside | | Suburb in which you reside | |
| Employer | | | |
| Job title | | | |
| Country of your postal address (if not SA) | | | |
| Examination centre | | | |
| Home language | | | |
| Preferred language for correspondence | | | |

| STATISTICAL INFORMATION (The information below is required for statistical purposes only) | | | | |
|--|--|---------------------------|----------------|--|
| Nationality | | | | |
| Population group | | | | |
| Occupation | | | | |
| Economic sector | | | | |
| Have you registered previously at Unisa or any other institution(s)? | | | | |
| Are you self-sponsored or company sponsored? | | | | |
| RELEVANT QUALIFICATION(S) | | | | |
| Name of institution (e.g. Unisa, UP, NCP) | Name of qualification (e.g. BA, BA HONS, HED) | Duration of qualification | Student number | If completed, state year of completion |
| | | | | |
| | | | | |
| | | | | |
| Do you wish to apply for exemption from module/study units passed at the abovementioned institution? | | | | |

| PAYMENT INFORMATION | |
|--|--|
| Responsible for payment | |
| Contact details of the person responsible for payment (If employer is responsible for payment) | |
| | |
| Name and surname | |
| Work telephone number | |
| Email address | |

| MODULES/STUDY UNITS YOU WISH TO REGISTER | | | | | | | | | | | | |
|--|--|--|--|--|--|--|------------------|----|------|---------------------|--|--|
| Module code | | | | | | | Semester/ Intake | | Year | For office use only | | |
| | | | | | | | S1 | S2 | | | | |
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| REQUIRED ATTACHMENTS | |
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| <p>Kindly attach all additional documents before submitting the application form. Failure to submit these documents may result in the application <u>not being</u> processed. Please refer the application instruction document regarding the attachments.</p> <p>UCL reserves the right to request original documents to verify the correctness of information at any time. The submission of fraudulent documents is an offence in terms of the Student Disciplinary Code.</p> | |
| Description of attachment | Attachment |
| Certified certificates | |
| Certified transcript(s) | |
| Certified copy of Identity Document/ Passport (copy of driver's license will not be accepted) | |
| Marriage certificate (If surname on qualification or ID differs) | |

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| Other supporting document/s as outlined in the brochure | |
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| Where did you hear about the programme? | |
|---|--|

DECLARATION BY APPLICANT

I, (full names and surname)

declare that all the particulars furnished by me on this form are true and correct.

I undertake to comply with all the rules, regulations and decisions of the university and any amendments thereto, and I have taken note of advice that may be applicable to students in general.

I, as a student registered with Unisa or an applicant intending to study with Unisa, hereby consent that Unisa may collect, use, distribute, process and communicate my personal information for all required academic processes pertaining to my application/registration to study with Unisa, which may include, but is not limited to, internal administrative processing, institutional and scholarly research, funding submissions, processing by the Matriculation Board and Admissions Committees, Higher Education South Africa, the Department of Higher Education and Training, the Council on Higher Education, the South African Qualifications Authority, other public higher education institutions and Qualification Verification Agencies.

I confirm that I have read the notice and understand the contents thereof.

Student signature

Date (dd-mm-yyyy)

Please print or save a copy of this document, for your records