

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		WIPO-UNISA IP LAW	
Programme code		7621X	
Surname, initials, titles (e.g. Smith RJ Mr)		Lisa N Mr	
Full names		Nyameko	
Maiden name and/ or previous surnames (if applicable)			
Date of birth (dd-mm-yyyy)	16-07-1986	Gender	Male
Identity / Passport number		8607165310081	
Physical disabilities	No	If Yes, please	N/A
Contact details	Tel (h)		
	Tel (w)	012 841 3720	
	Mobile telephone	082 756 4165	
	Fax		
	Email address	NLisa@csir.co.za	
Highest academic qualification		Master of Science in Physics (Unisa)	

PHYSICAL/COURIER ADDRESS		POSTAL ADDRESS	
84 Mt Fletcher Street		Postnet Suite 1807	
Midlands Estate		Private Bag x1007	
Midstream Estates		Lyttelton	
Postal code	1692	Postal code	0140
City in which you reside	Centurion	Suburb in which you reside	Oliefontein
Employer		Council for Scientific and Industrial Research	
Job title		Senior Researcher	
Country of your postal address (if not SA)		South Africa	
Examination centre		3599-8	
Home language		isiXhosa	
Preferred language for correspondence		English	

STATISTICAL INFORMATION (The information below is required for statistical purposes only)				
Nationality		South African		
Population group		Black African		
Occupation		Scientist		
Economic sector		Previously Disadvantaged		
Have you registered previously at Unisa or any other institution(s)?		Yes		
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
Wits	PhD in Physics	3 years	0503135G	2019
Unisa	MSc in Physics	3 years	47289619	2014
UCT	Bsc in Physics, Applied Mathematics and Computer Science	4 years	LSXNYA002	2010
Do you wish to apply for exemption from module/study units passed at the abovementioned institution?				No

PAYMENT INFORMATION	
Responsible for payment	Employer
Contact details of the person responsible for payment (If employer is responsible for payment)	
Name and surname	Mr Nathi Mbongwa
Work telephone number	012 841 3069
Email address	NMbongwa@csir.co.za

MODULES/STUDY UNITS YOU WISH TO REGISTER										
Module code							Semester/ Intake		Year	For office use only
							S1	S2		
I	P	S	P	0	1	X	<input checked="" type="radio"/>	<input type="radio"/>	2017	
I	P	S	P	0	2	Y	<input checked="" type="radio"/>	<input type="radio"/>	2017	
							<input type="radio"/>	<input type="radio"/>		
							<input type="radio"/>	<input type="radio"/>		
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							<input type="radio"/>	<input type="radio"/>		
							<input type="radio"/>	<input type="radio"/>		

REQUIRED ATTACHMENTS	
<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	<input type="text" value="Attach Document"/>
Certified transcript(s)	<input type="text" value="Attach Document"/>
Certified copy of Identity Document/ Passport (copy of driver's license will not be accepted)	<input type="text" value="Attach Document"/>
Marriage certificate (If surname on qualification or ID differs)	<input type="text" value="Attach Document"/>

Other supporting document/s as outlined in the brochure	<input type="button" value="Attach Document"/>
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Where did you hear about the programme?	Please select...
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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

Submit Application