

Full-time Part-time/Special: _____

CHOICES OF DEGREE/DIPLOMA (eg. BA, Social Sciences, BSc, BCom, Pharmacy, Business Sciences):

First degree choice: BSc

Possible subject choices (eg. Journalism, Chemistry, Economics, Zoology, Politics):

Computer Science, Mathematics

Second degree choice: _____

Possible subject choices (eg. Journalism, Chemistry, Economics, Zoology, Politics):

Any I need on the side (recovery/points/etc)

PREVIOUS STUDIES

Have you previously been enrolled at a university/higher education institution (other than Rhodes)?

Please ☒ where relevant

<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
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If "YES", please complete the following:

(Please provide a full transcript academic record & certificates of conduct from all institutions attended.

NB: A transcript is a document setting out your full academic record from the institution. The transcript is different to a statement of results. Please ensure that you provide a full Academic Transcript - which includes FINAL results).

YEAR	INSTITUTION	DEGREE/QUALIFICATION	DEGREE COMPLETED? YES or NO	STUDENT NUMBER AT THAT INSTITUTION
2008	Wits	None/BSc CompSci	No	483477

Please give a short explanation of why you wish to return to Rhodes University, and an account of your activities, since leaving Rhodes University.

My third attempt at third year was at Rhodes and I am still hopeful to get my degree. I was unfortunately in a car accident (passenger) before finishing exams mid-year in 2016. The injury was hardcore and I will do everything necessary to learn and finish my degree. Unfortunately this may add difficulty however I will do whatever it takes

ADDRESS DETAILS

HOME POSTAL ADDRESS:	DIALING CODE:	TELEPHONE NUMBER:
PO Box 720	011	794 9851
Ridge terrace	DIALING CODE:	FAX NUMBER:
Rand Park Ridge		
POSTAL CODE 2168	CELL:	
	0829207335	
PROVINCE: Gauteng	E-MAIL:	loveland.ernest@gmail.com
	(NB: We will email correspondence to this address)	
HOME STREET ADDRESS:		
32 Inkwelo Gardens		
Sysie Road		
Rand Park Ridge		
POSTAL CODE 2169		
PROVINCE: Gauteng		
GUARDIAN OR PARENTS ADDRESS:	DIALING CODE:	TELEPHONE NUMBER:
Same as home	011	794 9851
	DIALING CODE:	FAX NUMBER:
POSTAL CODE	CELL:	
	072 228 5697	
PROVINCE:	E-MAIL:	plove@global.co.za

FEE PAYER DETAILS

Will you be paying your own fees	Yes	<input checked="" type="checkbox"/> No
If NO Please provide following fee payer information : Peter Loveland		
Title: Mr	Last name: Peter Loveland	Initials: PC
ID / PASSPORT NUMBER 67 11 17 5123 088		

RESIDENCE APPLICATION

Please note that residence allocations are carefully managed and that we cannot guarantee allocations to a single room or to a specific residence.

DO YOU REQUIRE RESIDENCE ACCOMMODATION?

Please ☒ where relevant

<input checked="" type="checkbox"/> Yes	No
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NB: DO NOT FORGET TO SIGN THIS DECLARATION

DECLARATION AND AGREEMENT

I declare that:

To the best of my knowledge and belief the information furnished in this application will be true and correct and that if it be found to be false, and misleading in any respect, this application may be invalidated and my registration terminated; and further agree:

I accept liability for any damage to University property caused by me and I indemnify the University against any loss of or damage caused to my property kept at or left at the University. I also indemnify the University against any claim for damages which I have while I am registered as a student at the University, especially acknowledging that my participation in any sporting or other activity at the University or my travelling in any University vehicle, shall be at my sole and absolute risk. This indemnity shall be binding on my Executors and Heirs:

I undertake to pay all amounts due to the University and acknowledge that a Registration Fee is required by a set date each year, including the first year of study, unless satisfactory arrangements have been made with the University. I will pay interest on all overdue fees and other charges at rate published in the annual fees booklet and on the website, calculated from the first day of each month following the date by which full payment of all fees and charges must have been made. I will be liable for all costs of recovery of amounts due by me including legal charges incurred on the attorney and client scale.

I agree to be bound by and comply with all regulations of the University and understand that if I am accepted I shall be under the disciplinary control of the University as from the date on which I move into residence at the University or the day on which I begin studies or attend an orientation week or summer school or similar function or register as a student, whichever is earliest, until the University accepts a notice of withdrawal from me or until I fail to renew my registration on the due date, whichever is the later.

I accept and understand that the University keeps documents, including this Declaration and Agreement, electronically and distributes them electronically. I agree that the University may use these documents in electronic format for whatever purpose required and I agree that the electronically generated documents shall replace the originals signed by me.

I agree that the University may, without contacting me, report to my parent or guardian or major fee contributor any disciplinary offences I may commit. I also agree that it may also report on any matter concerning my progress, conduct, well-being or health and that the University may take whatever steps as it considers reasonable should I become ill or require medical attention. I understand, however, that the University does not take any responsibility or legal obligation to report these matters.

Signature of applicant: 

Date: 24/10/2017