

named to be designed to the	inthetranting - continue	A CONTRACTOR MANAGEMENT	property and the second second second second	galanti i senimentenio	gartematica statements	(Arthurson Manuschark Constraints)
				Į.	1	
1		1		1	1	1
		1		į.	1	1
		1		1	1	
				1	1 1	1
		1		1	1	

APPLICATION TO CONTINUE UNDERGRADUATE STUDIES

Please supply your previous student number

j	5	L	2	5	8	9	
---	---	---	---	---	---	---	--

Please complete all sections below:

LAST NAME(SURNAME):	L	0	v	e	1	a	^	9		Characteristics of the			The second districts of the second	The grant territory of the	and the second state of th		Open manufacture (Communication)	distillation of the same of th
FIRST NAMES (in full):	E	1	2	e	5	+		5	Q	M	2	5	Application of any and application of the applicati	AN THE PERSON NAMED IN COLUMN	The Control of the Co		To facilities of a facilities	And a
MAIDEN NAME (if applicable):					The state of the s	And Processing South				office and facilities of the control	Service Control of Con		(Introduction (I	and any other phonos residence	Activities as to Activities			Activities of the control of the con
TITLE (Mr, Ms):	M	-	Court by to the contract of the		The state of the s	The state of the s					INIT	TALS:	E	J	L			

SA IDENTITY NUMBER OR PASSPORT NUMBER

9103075108087	t

Please indicate any physical disability (tick, where appropriate) This information will not disadvantage your application

A	Diabetic	В	Blind	C	Cerebral Palsy
D	Deafness	Е	Behavioural/Psychological	Н	Partial Hearing
I	Partially sighted	L	Intellectual (Learning Dif culty)	Р	Paraplegic
Q	Quadriplegic	S	Speech Defect	Т	Communication (Talking/Listening)
W	Wheelchair	Υ	Dyslexia	Z	Physcial (Moving/Standing/Grasping)
U	Unspeci ed	М	More than one disability		

Please give us	some det	ails o	f your disability <u> </u>	t am	recoverino	from	<u>a</u>	pelvic
fracture	and	۹	traumatic	brain	injury		Manage and a second	-

Full-time/Part-time/Special:		
CHOICES OF DEGREE/DIPLOMA (eg. BA, Social Scient	ences, BSc, BCom, Pha	armacy, Business Sciences):
First degree choice: BSc		
Possible subject choices (eg. Journalism, Chemis	try, Economics, Zoolog	gy, Politics):
Computer Science, Math	rematics	
Second degree choice:		
Possible subject choices (eg. Journalism, Chemis		gy, Politics):
Any I need on the sic	de (recovery	(points/etc)
DDE WOLLS CTUDIES	-	
PREVIOUS STUDIES Have you previously been enrolled at a university/}	nigher education institu	ution (other than Rhodes)?
Please \where relevant		
If "YES", please complete the following:		Kés No
(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		
includes FINAL results).		
YEAR INSTITUTION DEGREE/QUALIFICATION	DEGREE COMPLETED? YES or NO	STUDENT NUMBER AT THAT
2008 Wits None/BSC CompSi		483477
\		
Please give a short explanation of why you wish to and an account of your activities, since leaving Rho	des University.	
and I am still hopeful	to get my	degree. I was
unfortunately in a car		
finishing exams mid-yea		
hardcore and I will	The state of the s	
learn and finish my		
may add difficulty ho	wever I 1	vill do whatev
it takes		

ADDRESS DETAILS

HOME POSTAL ADDRESS:	DIALING CODE:	TELEPHONE NUMBER:	
PO Box 720	OII	794 9851	
Ridge terrace	DIALING CODE:	FAX NUMBER:	
Ravol Park Ridge			
POSTAL CODE 2168	CELL: 0820	1207335	
PROVINCE: Coules		and ernest @ gmail	. Com
PROVINCE: Gauteng	NUMBER OF THE PROPERTY OF THE	will email correspondence to this address	
HOME STREET ADDRESS:	(1.5. 1.6		
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	7949851	
	DIALING CODE:	FAX NUMBER:	
POSTAL CODE	CELL: 077	228 5697	
PROVINCE:	E-MAIL:		
	Polov	e eglobal.co.za	
FFF DAVED DETAIL C			
FEE PAYER DETAILS			
Ye			
Will you be paying your own fees	s V	40	
If NO Please provide following fee payer informat	ion: Acter L	oveland	
Title: Mr Last name: 26		Initials : PC	
		•	
ID / PASSPORT NUMBER 67 11 17 51	23 088		
RESIDENCE APPLICATION			
Please note that residence allocations are ca	arefully managed ar	nd that we cannot guarantee allocati	ions
to a single room or to a speci c residence.	arcrutty managed at	io chat we cannot guarantee attocati	10113
DO VOLL BEOLIDE DESIDENCE ACCOMMODAT	ION?	Now Ma	assub-har-pope
DO YOU REQUIRE RESIDENCE ACCOMMODATE	ION:	Yes No	
Please \(\square \) where relevant			

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 rst 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 rst day of each month following the date by which nal 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