



APPLICATION FOR ADMISSION

THE CLOSING DATES FOR APPLICATIONS ARE AS FOLLOWS:

- 15 May** for courses that start in July of the same year
- 15 June** for Medical Orthotics and Prosthetics, Nature Conservation, Radiography and Dental Technology.
- 15 June for all international applicants**
- 31 July** for all other courses
- A non-refundable administration fee of **R220** for application, and certified copies of your identity document, Senior Certificate/National Senior Certificate and all other relevant documents must accompany the completed application form. If you pay the application fee electronically or at a bank, the proof of payment must accompany the application form.
- Late applications will be considered if space is available.
- Encircle the applicable code.

The application fee can be deposited beforehand at:

ABSA BANK

ACCOUNT NUMBER: 04 000 0003

In the Reference column, please fill in your identity number.

Send the deposit slip with the application form.

Please refer to the important information on the back of this page.

NB. Do not use this account number for any further payments

- If you are applying for admission only, complete section A and page 8 of the application form.
- If you are applying for admission and financial assistance, complete sections A and C and page 8 of the application form.
- If you are applying for admission and residence, complete sections A and B and page 8 of the application form.

Were you previously registered at TUT, Technikon North Gauteng, Technikon North West or Technikon Pretoria? ☐ Yes ☐ No

If yes, please indicate your student number:

Please indicate if you are an international applicant: ☐ Yes ☐ No

Surname: Initials:

SECTION A

PROPOSED QUALIFICATION

Application for admission: 20

When would you like to start with your course? ☐ Jan ☐ July (selected programmes only)

First choice of study:

(Please note: You will only be considered for your second choice if you have not been selected for your first choice, and only if the course concerned can still accommodate additional students at that stage.)

Type of proposed study: ☐ Day classes ☐ Evening classes ☐ Full-time block ☐ Part-time block

Campus: ☐ Pretoria, Soshanguve, Ga-Rankuwa ☐ Polokwane ☐ Nelspruit ☐ eMalahleni

Second choice of study:

Type of proposed study: ☐ Day classes ☐ Evening classes ☐ Block

Campus: ☐ Pretoria, Soshanguve, Ga-Rankuwa ☐ Polokwane ☐ Nelspruit ☐ eMalahleni

IMPORTANT INFORMATION

1. GENERAL

- It is in your interest to submit the application forms as soon as possible and not to wait until the closing date for applications.
- This form must be completed by all newcomer students;
- If you were registered at the Tshwane University of Technology for the previous academic term or part thereof, you need not complete this form again.
- Block letters and black ink must be used for completing this form in full.
- Applicants in need of accommodation must also complete this form.
- The prescribed administration fee of R220 must accompany this form and is not refundable.
- The potential of applicants for all courses will be evaluated.
- You may not submit more than one application form. If you wish to alter your choice at a later stage, you must do so in writing.
- **Documents that are sent by fax are not acceptable**, but you may scan and e-mail the certified documents. Refer to page 11 on this page.
- The processing of your application will be delayed. If you fail to complete this form in full, if you fail to attach all the required documents, if you fail to enclose the administration fee, if your application reaches the University after the relevant closing date.
- The University must be notified immediately of any change of address after the submission of this application.
- The reference number allocated to you must be quoted in all further correspondence.
- Should you, after having submitted this application, decide not to continue with your studies or to change your course, you must notify the Registrar of your decision immediately in writing.
- The University retains the right to refuse any application without stating reasons.
- All non-South African citizens must submit a study permit before registration. Provisional acceptance does not imply exemption from this requirement.
- Applicants will be informed in separate letters whether their applications for admission, financial assistance and accommodation were successful.

2. ADMISSION REQUIREMENTS

Consult the brochure of the faculty concerned to find out whether you meet the admission requirements for your proposed study field.

3. DOCUMENTS

Certified copies of the following documents must accompany each application:

All applicants

- Identity document.

Applicants for certificate, diploma and degree studies

- Senior Certificate/National Senior Certificate or equivalent qualification.
- An academic record in respect of studies at another tertiary institution.

Applicants for B Tech and postgraduate studies

- Official proof that all the requirements for a diploma or degree have been met.

4. CAMPUS

You must find out beforehand whether the course of your choice is actually presented at the campus you are applying for. Your application will be considered only in respect of one campus. If you are accepted for a course, such acceptance applies only to the campus concerned and it is not transferable.

5. UNIVERSITY RESIDENCES

Accommodation in residences is available only in eMalahleni, Ga-Rankuwa, Nelspruit, Soshanguve and Pretoria, and only for *bona fide* day-class students.

6. AWARDING OF STATUS

Prospective students who obtained qualifications at other higher education institutions must apply on the prescribed application form to be granted a certain status for further studies at the Tshwane University of Technology.

7. RECOGNITION OF AND EXEMPTION FROM SUBJECTS

If you have already obtained credit(s) for a course and/or subjects at a higher education institution, you could possibly qualify for recognition of those subjects and/or exemption from corresponding subjects at the Tshwane University of Technology. You must submit your application in this regard on the prescribed form.

8. SUBMISSION OF APPLICATIONS

Your application and all correspondence must be sent to the campus where you intend studying.

9. LANGUAGE POLICY

In accordance with the language policy of the Tshwane University of Technology, the language medium for lectures is English.

10. LATE APPLICATIONS

- Will only be considered if space is available
- Applicants must establish whether space in a course is available before submitting an application.

11. ADDRESSES

| | |
|------------|--|
| PRETORIA | Registrar, Private Bag X680, PRETORIA, 0001 Staatsartillerie Road, Pretoria West, Tel. 086 110 2422, fax 012 382 5114 E-mail: admission@tut.ac.za |
| NELSPRUIT | Registrar, Private Bag 11312, NELSPRUIT, 1200 Tel. 013 745 3500, fax 013 745 3512 E-mail: admissionnel@tut.ac.za |
| POLOKWANE | Registrar, Private Bag X9496, POLOKWANE, 0700 Tel. 015 287 0700, fax 015 297 7609 E-mail: admissionpol@tut.ac.za |
| GA RANKUWA | Registrar, Private Bag X680, PRETORIA, 0001 Tel. 086 110 2422, fax 012 382 5114 E-mail: admission@tut.ac.za |
| SOSHANGUVE | Registrar, Private Bag X680, PRETORIA, 0001 Tel. 086 110 2422, fax 012 382 5114 E-mail: admission@tut.ac.za |
| eMALAHLENI | Registrar, PO Box 3211, eMALAHLENI, 1035 Tel. 013 653 3100, fax 013 653 3101 E-mail: admissionem@tut.ac.za |

PERSONAL DETAILS

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--------------------------|----------------------|--|--|--|--|--------|-------------------------|--------------------------|-----------------------------|-------------------------------|---------------------------|----------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Surname | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Initials: | <input type="text"/> | | | | | Title: | <input type="text"/> Mr | <input type="text"/> Mrs | <input type="text"/> Miss | <input type="text"/> Dr | <input type="text"/> Prof | <input type="text"/> Other | | | | | | | | | | | | | | | | | | | |
| Full names: | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Preferred name known by: | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If married, maiden name: | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date of birth: | <input type="text"/> | | | | | | | Gender: | <input type="text"/> M Male | <input type="text"/> F Female | | | | | | | | | | | | | | | | | | | | | |
| Identity number: | <input type="text"/> | | | | | | | | | | Passport number: | <input type="text"/> | | | | | | | | | | | | | | | | | | | |

Home language:

| | | |
|---|----------------------------------|----------------------------------|
| <input type="text"/> A Afrikaans | <input type="text"/> NS Sepedi | <input type="text"/> TS Xitsonga |
| <input type="text"/> E English | <input type="text"/> TW Setswana | <input type="text"/> E Tshivenda |
| <input type="text"/> AE English/Afrikaans | <input type="text"/> SS Sesotho | <input type="text"/> V Isixhosa |
| <input type="text"/> ND IsiNdebele | <input type="text"/> SW SiSwazi | <input type="text"/> Z Isizulu |

If other, please specify:

Marital status:

| | | | |
|-------------------------------|--------------------------------|---------------------------------|----------------------------------|
| <input type="text"/> S Single | <input type="text"/> M Married | <input type="text"/> D Divorced | <input type="text"/> W Widow(er) |
|-------------------------------|--------------------------------|---------------------------------|----------------------------------|

Church affiliation We need this information for student support structure

| | | |
|---|---|--|
| <input type="text"/> 79 Anglican | <input type="text"/> 19 Jehova's Witness | <input type="text"/> 81 Presbyterian |
| <input type="text"/> 15 Apostolic (New) | <input type="text"/> 84 Lutheran | <input type="text"/> 85 Seventh Day Adventist |
| <input type="text"/> 60 Assemblies of God | <input type="text"/> 80 Methodist | <input type="text"/> 23 St. Johns Catholic |
| <input type="text"/> 82 Baptist | <input type="text"/> 35 Muslim | <input type="text"/> 17 St. Paul Faith Mission |
| <input type="text"/> 76 Church of Christ | <input type="text"/> 91 Nazarene | <input type="text"/> 90 St. Peters |
| <input type="text"/> 22 Dutch Reformed | <input type="text"/> 47 None | <input type="text"/> 20 Reformed |
| <input type="text"/> 70 Faith Mission | <input type="text"/> 48 Not prepared to divulge | <input type="text"/> 31 Roman Catholic |
| <input type="text"/> 89 Full Gospel | <input type="text"/> 30 Other Protestant | <input type="text"/> 28 Reformed Churches SA |
| <input type="text"/> 40 Hindu | <input type="text"/> 32 Pentecostal Protestant | <input type="text"/> 78 Zion Christian Church |
| <input type="text"/> 88 IPC | | |

If other, please specify:

Population group We need the following information for reporting to Government

| | | |
|---------------------------------------|---------------------------------------|-------------------------------|
| <input type="text"/> 2 Coloured | <input type="text"/> 6 Southern Sotho | <input type="text"/> 10 Venda |
| <input type="text"/> 3 Indian | <input type="text"/> 7 Swazi | <input type="text"/> 11 Xhosa |
| <input type="text"/> 13 Ndebele | <input type="text"/> 8 Tsonga | <input type="text"/> 1 White |
| <input type="text"/> 5 Northern Sotho | <input type="text"/> 9 Tswana | <input type="text"/> 12 Zulu |

Citizenship Non-South African citizens, indicate your country of origin

| | | |
|--|--|-------------------------------------|
| <input type="text"/> 107 Angola | <input type="text"/> 131 Countries in Europe | <input type="text"/> 106 Mozambique |
| <input type="text"/> 104 Botswana | <input type="text"/> 151 Countries in North America* | <input type="text"/> 105 Swaziland |
| <input type="text"/> 121 Countries in Africa* | <input type="text"/> 161 Countries in South America* | <input type="text"/> 101 Namibia |
| <input type="text"/> 141 Countries in Asia* | <input type="text"/> 103 Lesotho | <input type="text"/> 108 Zambia |
| <input type="text"/> 171 Countries in Australia and Oceania* | <input type="text"/> 109 Malawi | <input type="text"/> 102 Zimbabwe |

Countries in *, please specify:

Type of citizenship:

| | |
|--|---|
| <input type="text"/> 1 RSA | <input type="text"/> 2 Other with permanent residence permit for South Africa |
| <input type="text"/> 3 Other without permanent residence permit for South Africa | <input type="text"/> 4 Diplomatic |
| | <input type="text"/> 5 Refugee |

If other, please specify:

WHERE DID YOU HEAR ABOUT TUT?

- ☐ G Career exhibition
 ☐ D Former student
 ☐ E Guidance teacher/Counsellor
 ☐ F Radio programme
☐ S Social Media
 ☐ K Internet
 ☐ M School Visit
 ☐ J Open Day
☐ L Word of mouth

Are you currently employed: ☐ Yes ☐ No If yes, how many years: _____

WHAT IS YOUR PRESENT ACTIVITY BEFORE YOU START YOUR STUDIES?

- ☐ 04 College of nursing student
 ☐ 08 Grade 12 learner
 ☐ 02 Teacher's training college
 ☐ 03 University of technology student
☐ 05 FET college student
 ☐ 07 Labour force
 ☐ 01 University student

If other, please specify _____

If you are registered as a student, please give as the name of the institution: _____

Will you apply for subject exemptions? ☐ Yes ☐ No

MEDICAL AID INFORMATION

Name of medical aid: _____ Medical aid number: _____

Main member: Title: _____ Initials: _____ Surname: _____

Identity number: Tel/Cell: _____

Relationship to student: ☐ Father ☐ Mother If other, please specify _____

Specific medical conditions: _____

Do you make use of a wheelchair? ☐ Yes ☐ No If yes, manual or electronic: _____

Have you been placed under administrative order by court? ☐ Yes ☐ No If yes, state the date: _____

Has a court order declared you mentally unfit? ☐ Yes ☐ No If yes, state the dates: _____

PREVIOUS AND CURRENT TERTIARY STUDIES

State the tertiary institutions at which you have been/are a registered student and attach full academic records

| Student number | Institution | Name of degree/diploma | Completed | | Date on which degree was conferred | Years | |
|----------------|-------------|------------------------|-----------|--|------------------------------------|-------|----|
| | | | | | | From | To |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

EXTRAMURAL ACTIVITIES

Encircle leadership position and/or the sport(s) and/or cultural activities you participate in and the highest level you have reached.

Cultural

- ☐ 48 Choir
☐ 46 Debating

Leadership

- ☐ 56 Class captain
☐ 61 Deputy head prefect
☐ 60 Deputy head prefect residences
☐ 62 Deputy head prefect sport
☐ 55 Head prefect
☐ 57 Head prefect residences
☐ 54 Library prefect
☐ 58 Residence prefect
☐ 63 School prefect

| Sport | School colours | Regional colours | Provincial colours | National colours |
|------------|----------------|------------------|--------------------|------------------|
| Athletics | SA | RA | PA | NA |
| Basketball | SB | RB | PB | NB |
| Cricket | SC | RC | PC | NC |
| Hockey | SH | RH | PH | NH |
| Netball | SN | RN | PN | NN |
| Rugby | SR | RR | PR | NR |
| Soccer | SS | RS | PS | NS |
| Tennis | SD | RD | PX | ND |
| Volleyball | SV | RV | PV | NV |

If other, please specify: _____ If other, please specify: _____

DISABILITY

If you have a disability, but choose not to disclose it on this form, the Tshwane University of Technology is under no obligation to assist or accommodate you with regard to that disability.

- ☐ VI Blind or partially sighted
 ☐ HD Hearing (even with a hearing aid)
 ☐ IN Cognitive (difficulties in learning)
 ☐ NO None
☐ CO Communication (talking, listening)
 ☐ PH Physical (moving, standing, grasping)
 ☐ EM Emotional (behavioural or psychological)
☐ MU Multiple or physical please specify: _____

If other, please specify: _____

ADDRESSES (all compulsory)

APPLICANT'S POSTAL ADDRESS

[illegible]**APPLICANT'S RESIDENTIAL ADDRESS** (A post office box must not be indicated here)[illegible]

STUDY ADDRESS (if already known)

[illegible]

PARENTS' ADDRESS (either parents or guardian)

☐ **FATHER** ☐ **STEPFATHER** *(indicate with a X)*

Surname: _____ Title: _____ Initials: _____

[illegible]

☐ **MOTHER** ☐ **STEPMOTHER** (indicate with a X)

Surname: _____ Title: _____ Initials: _____

[illegible]

GUARDIAN

Surname: _____ Title: _____ Initials: _____

[illegible]

SCHOOL PARTICULARS

Highest grade passed

☐ Grade 11 ☐ Grade 12

Date of final Senior Certificate examination

Year Month

Examination number:

TYPE OF CERTIFICATE

☐ 01 Joint Matriculation Board (full exemption)

☐ 03 Ordinary conditional exemption

☐ 04 Exemption on grounds of age

☐ 05 Foreigners' conditional exemption

☐ 06 Immigrants' conditional exemption

☐ 07 Other Senior Certificate

☐ 08 N3

☐ 13 NCV Level 4

☐ 15 NCV L4 Admission Certificate

☐ 09 Grade 12 Practical

☐ 11 Discretionary Provision

☐ 12 National Senior Certificate NSC

☐ B NSC Admission Bachelor

☐ N NSC Admission None

☐ C NSC Admission Certificate

☐ D NSC Admission Diploma

☐ 14 NCV L4 Admission Bachelor

☐ 16 NCV L4 Admission Diploma

Name of school attended _____

Province _____

Examination results:

Please indicate your final Grade 12 results in the table below. If you do not have a National Senior Certificate/statement of final results, your school principal must certify the correctness of your Grade 11 results and the latest Grade 12 results. Without this signature and the school stamp, your application cannot be considered. Any alternations must be signed in full by the person who certifies your marks.

| Code | Description | Grade 11 | | | | Mid Grade 12 | | | | Final Grade 12 | | | |
|------|-------------|-------------|--|-------|--|--------------|--|-------|--|----------------|--|-------|--|
| | | Rating code | | Marks | | Rating code | | Marks | | Rating code | | Marks | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |

**THIS MUST BE COMPLETED BY THE PRINCIPAL OF YOUR SCHOOL
IF YOU ARE CURRENTLY IN GRADE 12**
(Please complete with black pen)

I, _____
(Name of principal)

The principal of _____
(Name of school)

Declare that the information on this page is correct and that it corresponds to the official school records.

SUBJECT CODES

- 934 Accounting
- 901 Afrikaans First Additional Language
- 900 Afrikaans Home Language
- 937 Afrikaans Second Additional Language
- 926 Agricultural Management Practices
- 927 Agricultural Science
- 928 Agricultural Technology
- 935 Business Studies
- 974 Civil Technology
- 981 Computer Applications Technology
- 985 Consumer Studies
- 929 Dance Studies
- 930 Design
- 931 Dramatic Arts
- 936 Economics
- 975 Electrical Technology
- 977 Engineering Graphics and Design
- 903 English First Additional Language
- 902 English Home Language
- 938 English Second Additional Language
- 978 Geography
- 979 History
- 986 Hospitality Studies
- 982 Information Technology
- 905 Isindele First Additional Language
- 904 Isindele Home Language
- 939 Isindele Second Additional Language
- 907 IsiXhosa First Additional Language
- 906 IsiXhosa Home Language
- 940 IsiXhosa Second Additional Language
- 909 IsiZulu First Additional Language
- 908 IsiZulu Home Language
- 941 IsiZulu Second Additional Language
- 925 Life Orientation
- 983 Life Sciences
- 922 Mathematical Literacy
- 923 Mathematics
- 976 Mechanical Technology
- 932 Music
- 984 Physical Sciences
- 980 Religion Studies
- 911 Sepedi First Additional Language
- 910 Sepedi Home Language
- 942 Sepedi Second Additional Language
- 913 Sesotho First Additional Language
- 912 Sesotho Home Language
- 943 Sesotho Second Additional Language
- 915 Setswana First Additional Language
- 914 Setswana Home Language
- 944 Setswana Second Additional Language
- 917 Siswati First Additional Language
- 916 Siswati Home Language
- 945 Siswati Second Additional Language
- 987 Tourism
- 919 Tshivenda First Additional Language
- 918 Tshivenda Home Language
- 946 Tshivenda Second Additional Language
- 933 Visual Arts
- 921 Xitsonga First Additional Language
- 920 Xitsonga Home Language
- 947 Xitsonga Second Additional Language

SECTION B

RESIDENCE APPLICATION

Do you want to apply for accommodation in a residence? ☐ Yes ☐ No

Please note that selecting "Yes" is no guarantee of obtaining accommodation in a residence. Successful residence applicants will be notified via e-mail and sms from November.

SECTION C (DO NOT INCLUDE ANY SUPPORTING DOCUMENTS WITH THIS APPLICATION)

APPLICATION FOR FINANCIAL ASSISTANCE

Do you require financial assistance? ☐ Yes ☐ No

(Please note that selecting "Yes" does not guarantee financial assistance): NOTE: Closing date - 9 January

CONDITIONS (Read carefully)

- This application will only be considered if -
 - you have provided **all** the required information in the table below; and **upload all** documents to website www.tut.ac.za/students/financial
 - you have obtained admission to the University;
- Only South African citizens are eligible for financial assistance.
- Students enrolled for short learning programmes (SLPs) or non-subsidised qualifications will not be considered for financial assistance.
- Supporting documents** (IDs, birth certificates, proof of income, etc.) will be requested from the Financial Aid Office. Do not include these documents with this application, upload all as indicated (see point 1.1).
- Provide all the required details of all family members depending on income of parent/guardian, including yourself.
- Any award is subject to the scrutiny and verification of information supported by the required documents (see point 4).
- If you obtain admission after the closing date of 9 January, you might not be considered for financial assistance.

| MEMBER No. | ID NUMBER | | | | | | | | | | | | FAMILY MEMBER INITIALS AND SURNAME | RELATION TO APPLICANT (SISTER/ MOTHER/ FATHER/ GUARDIAN ETC.) | IS FAMILY MEMBER STUDYING AT TERTIARY LEVEL? YES/NO | | IS FAMILY MEMBER DECEASED? YES/NO | INCOME TYPE (SALARY, PENSION, AFFIDAVIT, DECEASED) | ANNUAL INCOME (MONTHLY INCOME X 12) | AGE (YRS) | OCCUPATION | NUMBER OF YEARS EMPLOYED | NAME OF EMPLOYER |
|------------|-----------|---|---|---|---|---|---|---|---|----|----|----|------------------------------------|---|---|---|-----------------------------------|--|-------------------------------------|-----------|------------|--------------------------|------------------|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | | | Y | N | | | | | | | |
| 1. | | | | | | | | | | | | | | | | | | | | | | | |
| 2. | | | | | | | | | | | | | | | | | | | | | | | |
| 3. | | | | | | | | | | | | | | | | | | | | | | | |
| 4. | | | | | | | | | | | | | | | | | | | | | | | |
| 5. | | | | | | | | | | | | | | | | | | | | | | | |
| 6. | | | | | | | | | | | | | | | | | | | | | | | |
| 7. | | | | | | | | | | | | | | | | | | | | | | | |
| 8. | | | | | | | | | | | | | | | | | | | | | | | |
| 9. | | | | | | | | | | | | | | | | | | | | | | | |

POSTAL CODE OF PHYSICAL ADDRESS:

TYPE OF RESIDENCE WHILE STUDYING (tick appropriate block):

☐ Staying in self-catering residence

☐ Staying at home

☐ From out of town; staying off campus

☐ TUT residence

NOTE: PLEASE FOLLOW UP THIS APPLICATION WITH YOUR LOCAL FINANCIAL AID OFFICE BEFORE 15 NOVEMBER.

CHECKLIST

- ☐ Did you fill in the name of the qualification you are applying for?
- ☐ If you previously studied at another higher education institution, have you attached your academic record?
- ☐ Did you state the level of your school subjects, e.g. English First Language?
- ☐ Did you sign the Memorandum of Agreement?
- ☐ If you are under 18 years of age, did your parent/guardian sign the Memorandum of Agreement form as well?
- ☐ Did you enclose the administration fee of R220?
- ☐ If already matriculated, did you attach a certified copy of your Senior Certificate/National Senior Certificate evaluation?
- ☐ Did you take note of the Language Policy?
- ☐ Did you sign the indemnity form?
- ☐ Certified copy of your ID/passport attached?
- ☐ Did you indicate your need for financial aid?
- ☐ Did you indicate your need for accommodation?

MEMORANDUM OF AGREEMENT

Should my application be successful -

I, _____,
declare that -

1. All particulars I provided on 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 to the University;
6. (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.);
7. 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; and
8. 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, _____ the undersigned,
(PRINT FIRST NAMES AND SURNAME)

in my capacity of _____ hereby admit that I am
(PARENT OR LEGAL GUARDIAN)

to be jointly and separately responsible for moneys the above applicant may at any stage owe the Tshwane University of Technology in terms of the agreement that he/she has concluded with the University, as set out above, including any alteration to such agreement.

Signature of parent or legal guardian: _____

Date: _____

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

Tshwane University of Technology

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 or 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 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)