



# Application for Mature Age Admissions

FOR OFFICE USE ONLY									

Attach Passport  
Photo here

**Instructions:** Use block letters to complete this form where space is provided and place an 'X' in the correct square.  
**Incomplete applications will not be accepted.** All certified documents will be filed - no copies will be returned to applicants.  
 Required documents should be securely attached and handed in with this application form.

- Documents to be submitted with Application Form:**
- ID Document (Certified copy) or Passport (Certified copy)
  - School leaving Certificate (Certified copy)
  - Attach proof of payment of the processing fees(N\$200)
  - Official Transcripts
  - Original work experience letter from employer
  - NQA evaluation letter (For foreign qualifications)
  - Original official translation of the foreign qualification that is not English language

**Bank Details:**

**Bank Name:** First National Bank  
**Account Name:** City University of Windhoek  
**Account Number:** 64279614860  
**Swift Code:** FIRNNANX  
**Branch Code:** 280872  
**Reference:** SURNAME & FIRST NAME (in that order)

SECTION 1: ACADEMIC DETAILS (Programme of Study)				
First Choice		Full Time	Part Time	
Second Choice		Full Time	Part Time	

SECTION 2: PERSONAL DETAILS					
Last Name (Surname):				Male	Female
First Names:					
Maiden Name (If Applicable):					
Title (Mr/Ms/Dr/Rev/....):	Email				
Phone Number	Work Number				
Date of birth	ID or Passport No				
Namibian Postal Address					
Namibian Residential Address (while studying)					
If not a Namibian Citizen please provide the following details:					
Nationality	Passport No.	Expiry Date			
Type of Permit	Permit No.	Expiry Date			
Postal address in the country of origin (Foreign Students)					
Residential Address in the country of origin (Foreign Students)					

Do you have an impairment, disability or chronic illness we should know about? If "Yes" please specify and attach documents specifying your condition	Yes		No	
Based on your medical condition, do you have any special needs? If "Yes" briefly state your additional needs arising from the above mentioned medical condition	Yes		No	

**SECTION 3: APPLICANT'S NEXT OF KIN (PARENTS/GUARDIAN/SPOUSE/OTHERS) TO BE CONTACTED IN CASE OF EMERGENCY**

What is your relationship with the person?				
Title (Mr/Ms/Dr/Rev/....)		Surname		
Full Names				
ID Number		Mobile Phone Number		
Email				
Residential Address				
Postal Address				
Telephone Work		Occupation		
Employer Address		Name of Employer		

**SECTION 4: PREVIOUS SCHOOL PARTICULARS**

Name of the last school attended or current school				
Highest Grade passed		Year of Examination		Examination Authority
<b>Provide results of latest examination available. A certified copy or results must accompany this form.</b>				
Subjects (Best 5 subjects, including English)	Levels: NSSCAS; NSSCH/HIGCSE; NSSCO/IGCSE; SC-HG; SC-SG; ANGOLAN; O LEVEL; A LEVEL; HSEC-GED	Symbol	Points	

**SECTION 5: FUNDING**

<b>Provide full names and address of person/guardian/company who will be responsible for your tuition fees and other incidentals</b>			
Full Name or Name of the Organization			
Postal Address		Email	
Mobile Phone No		Tel No	

### SECTION 6: SPONSOR AGREEMENT

If a student is under sponsorship, his/her sponsor and/or employer is required to complete the following: This is to certify that the above mentioned person shall be sponsored by

Name: \_\_\_\_\_ and I/we hereby agree to pay the fees as agreed upon with CUW authorities.

Signature: \_\_\_\_\_ Student's/Sponsor's Signature: \_\_\_\_\_

### SECTION 7: EMPLOYMENT PARTICULARS (Only if applicant is in full-time employment)

Name of Employer	
Your Occupation	
Employer's Postal Address	
Employer's Telephone No	

### SECTION 8: RELEVANT WORK EXPERIENCE (Specify nature of work) (Compulsory)

Position(s) Held	Activity
How many years were you working for your employer?	

### SECTION 9: CHECK LIST

Please read the following carefully before sending your application to us. This duly completed form must be submitted to the office of the registrar. To ensure you application is complete please tick the checklist below.

Tick	Item
	Certified copies of ID/Passport/(Birth Certificate if the applicant has not yet received an ID)
	One recent passport photo
	Certified copies of all your academic certificate(s)/results
	Evidence of payment of the processing fees
	Original official translation of the foreign qualification - if in a foreign language other than English
	NQA evaluation letter (for foreign high school qualification/foreign and Namibian post-school academic qualifications)
	Work experience letter from employer

**SECTION 10: DECLARATION TO BE SIGNED BY THE PROSPECTIVE STUDENT**

**DECLARATION BY THE STUDENT**

I \_\_\_\_\_ declare to the best of my knowledge and belief that the information furnished in this application is 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 I further agree as follows:

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. I especially acknowledge that my participation in any activity at the university or my traveling in any university vehicle, shall be at my sole and absolute risk. This indemnity shall be binding on my executors.

I undertake to pay all amounts due to the university by a required set date each year and month (where applicable).

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 further that the electronically generated documents shall replace the originals signed by me.

Signed \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_ month of the year 20 \_\_\_\_\_

**SECTION 11: FOR OFFICE USE ONLY**

ACCEPT FIRST CHOICE		ACCEPT SECOND CHOICE		RETURNED		REJECTED	
---------------------	--	----------------------	--	----------	--	----------	--

CONDITIONS APPLICABLE:

SYMBOLS OBTAINED:

ENGLISH		MATHEMATICS		BIOLOGY		PHYSICAL SCIENCE		
OVERALL POINTS OBTAINED								
PROCESSING FEE RECEIVED					RECEIPT NUMBER			

REGISTRAR'S SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

OFFICAL DATE STAMP