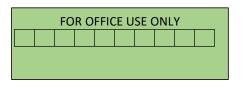


Application for Mature Age Admissions



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 Ap	plicable):								
Title (Mr/Ms/Dr/Rev	/):	Email							
Phone Number			Wo	rk Number					
Date of birth			ID c	or Passport No					
Namibian Postal									
Address	-								
Namibian									
Residential Address									
(while studying)									
If not a Namibian Ci	tizen please	provide the foll	owin	g details:					
Nationality		Passport No	э.			Expiry Date			
Type of Permit		Permit No.				Expiry Date			
Postal address in the	e country of								
origin (Foreign Students)									
Residential Address in the country		ry							
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 rela	tionship wi	th the person?						
Title (Mr/Ms/Dr/	Rev/)	Surr	name					
Full Names								
ID Number				Mo	bile Pho	ne Number		
Email								
Residential Addre	ess							
Postal Address								
Telephone Work				Occupatio	n			
Employer Addres	is			Name of E	mploye	-		

	SE	CTION 4: PI	REVIOL	JS SCHO	OL PART	CULARS			
Name of the last school school	attende	ed or current							
Highest Grade passed		Year of Exam	ination		Examinati	on Authority			
Provide results of latest	examin	ation available	e. A certi	fied copy o	or results m	ust accompar	ny this fo	rm.	
Subjects (Best 5 subjects	, includi	ng English)	Levels	: NSSCAS;	NSSCH/HI	GCSE; NSSCO	/IGCSE;	Symbol	Points
			SC-HG	; SC-SG; /	ANGOLAN;	O LEVEL; A	LEVEL;		
			HSEC-	GED					

SECTION 5: FUNDING							
Provide full names and address of person/guardian/company who will be responsible for your tuition fees and							
other incidentals							
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 t	0
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	Please read the following carefully before sending your application to us. This duly competed form must be						
subm	itted 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 SEC	OND CHOICE		RETURNED		REJECTED			
	CONDITIONS APPLICABLE:									
			SYMBOLS	OBTAINED:						
ENGLISH		MATHEMATIC	:S	BIOLOGY	PHY	SICAL SCI	ENCE			
OVERALL POINTS OBTA	AINED									
PROCESSING FEE RECE	IVED			RECEIPT N	JMBER					
					· · · · · ·					
REGISTRAR'S SIGNATU	RE:									

DATE:_____

OFFICAL DATE STAMP