

City University of Windhoek Application for Undergraduate 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
- Official Transcripts

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 pro	vide the follo	wing 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" Yes No									
Do you have an impairment, disability or chronic illness we should know about? If "Yes" Yes									
please specify and attach documents specifying your condition									
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									

SECTION 3: AF	PPLICA	NT'S NEXT OF R CONTACTE	•	•		N/SPOUSE/OTH	IERS) TO	BE
What is your relation	nchin with		וווע	CASE OF EI	VIENGEIN	Ci		
Title (Mr/Ms/Dr/Rev		Surnam	10					
Full Names	//)	Surnam	ie					
ID Number				Mobile	e Phone Nu	ımhar		
Email				IVIODII	e i none ive	inibei		
Residential Address								
Postal Address								
Telephone Work				Occupation				
Employer Address				Name of Emp	olover			
p 3/2 33 333					, ,			
		SECTION 4: PR	EVIO	US SCHOO	L PARTIC	ULARS		
Name of the last scl	hool atte	nded or current						
Highest Grade passe	vd	Year of Examir	nation		vamination	n Authority		
Provide results of la							rm	
Subjects (Best 5 subj						CSE; NSSCO/IGCSE;	Symbol	Points
Subjects (Best 5 subj	jeets, mer	duling Eligibili	SC-H	G; SC-SG; AN	-	LEVEL; A LEVEL;	Symbol	Tomes
			HSEC	C-GED				
		SE	CTIO	N 5: FUNDI	ING			
Provide full names	and add	ress of person/gu	ardian	/company wh	no will be	responsible for you	r tuition f	ees and
other incidentals		,,,,		, ,		, , , , , , , , , , , , , , , , , , , ,		
Full Name or Name	e of the							
Organization								
Postal Address	'				Email			
Mobile Phone No					Tel No			
						I		
				ONSOR AG				
If a student is under certify that the above	•	• • • • • • • • • • • • • • • • • • • •			is required	d to complete the fo	llowing: T	his is to
		-						
Name:			a	nd I/we herel	by agree to	o pay the fees as a	greed up	on with
CUW authorities.								

Signature:	Student's/Sponsor's Signature:

	SECTION 7: 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)							

SECTION 8: DECLARATION TO BE SIGNED BY THE PROSPECTIVE STUDENT								
DECLARATION BY THE STUDENT								
	orrect and that if it be fo	und to be false and mislea	pelief that the information furnished ading in any respect, this application s:					
of or damage caused to my pro	pperty kept at or left at the while I am registered as the university or my trave	ne University. I also indem s a student at the Universi eling in any university veh	ty. I especially acknowledge that my					
I undertake to pay all amounts	due to the university by	a required set date each y	year and month (where applicable).					
•	nem electronically. I agre	e that the university may	aration and agreement, use these documents in electronic generated documents shall replace					
Signed	on this	day of	month of the year 20					

SECTION 9: FOR OFFICE USE ONLY											
ACCEPT FIRST CHOICE ACCEPT SECOND CHOICE						RETURN	ED		REJECTED		
			CONI	DITIONS	APPLICABLE	:					
			IYS	MBOLS C	BTAINED:						
ENGLISH		MATHE	EMATICS		BIOLOGY		PHYS	ICAL SCIE	ENCE		
OVERALL POINTS OBTA	INED										
PROCESSING FEE RECE	VED				RECEIPT NU	RECEIPT NUMBER					
REGISTRAR'S SIGNATU DATE:					_	0	FFICA	L DATE :	STAMP		