

## 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:** 64287626071

Swift Code: FIRNNANX Branch Code: 280172 Branch Name: Windhoek

**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 (Surnam	ne):							Male	Female
First Names:									
Maiden Name (If A	pplicable):								
Title (Mr/Ms/Dr/Re	ev/):		Email						
Phone Number				Wo	rk Number				
Date of birth				ID o	r Passport No				
Namibian Postal									
Address									
Namibian									
Residential Address	S								
(while studying)									
If not a Namibian (	Citizen please	prov	vide the follo	owin	g details:				
Nationality			Passport No	٠.			Expiry Date		
Type of Permit			Permit No.				Expiry Date		
Postal address in th	ne country of								
origin (Foreign Students)									
Residential Address in the country		ry							
of origin (Foreign S									

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 rel	ations	hip wi	th the pers	on?						
Title (Mr/Ms/Dr	/Rev/.	)		Surnam	e					
Full Names										
ID Number		Mobile Phone Number								
Email										
Residential Add	ress									
Postal Address										
Telephone Wor	k					Occupation				
Employer Addre	ess					Name of Emplo	yer			

	SECTION 4: PREVIOUS SCHOOL PARTICULARS								
Name of the last school school	attende	ed or current							
Highest Grade passed		Year of Exam	ination		Examination	n Authority			
Provide results of latest	examin	ation available	e. A certi	fied copy o	r results mus	st accompar	ny this fo	rm.	
Subjects (Best 5 subjects	, includi	ng English)	Levels	: NSSCAS;	NSSCH/HIGO	CSE; NSSCO	/IGCSE;	Symbol	Points
			SC-HG	s; SC-SG; A	ANGOLAN; C	) 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 Nam	e of the							
Organization								
Postal Address			Email					
Mobile Phone No			Tel No					

	SECTION 6: SPONSOR AGREEMENT
The state of the s	nip, his/her sponsor and/or employer is required to complete the following: This is to ed person shall be sponsored by
	and I/we hereby agree to pay the fees as agreed upon with
CUW authorities.	
Signature:	Student's/Sponsor's Signature:
	NT 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 V	VORK EXPERIENCE (Specify nature of work) (Compulsory)
Position(s) Held	Activity
How many years were you wor	king 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** 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 SECOND CHOICE RETURNED ACCEPT FIRST CHOICE **REJECTED** CONDITIONS APPLICABLE: SYMBOLS OBTAINED: **BIOLOGY PHYSICAL SCIENCE ENGLISH MATHEMATICS OVERALL POINTS OBTAINED** PROCESSING FEE RECEIVED **RECEIPT NUMBER** REGISTRAR'S SIGNATURE:\_\_\_\_\_ OFFICAL DATE STAMP DATE: