

City University of Windhoek Application for Undergraduate 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
- Official Transcripts

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 (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									
please specify and attach documents specifying your condition									
Based on your medical condition, do you have any special needs? If "Yes" briefly state your Yes									
additional needs arising from the above mentioned medical condition									

SECTION 3: AF	PPLICA	NT'S NEXT OF N CONTACTE	•	•		N/SPOUSE/OTH	IERS) TO	BE
What is your relation	achin with		וווע	CASE OF EN	VIERGEIN	Ci		
Title (Mr/Ms/Dr/Rev	-	Surnam	10					
Full Names	(/)	Surnan	ie					
ID Number				Mobile	e Phone Nu	ımhar		
Email				IVIODIN	e i none ive	inibei		
Residential Address								
Postal Address								
Telephone Work				Occupation				
Employer Address				Name of Emp	lover			
		SECTION 4: PR	EVIO	US SCHOO	PARTIC	ULARS		
Name of the last scl	hool atte	nded or current						
school								
Highest Grade passe	d	Year of Examir	nation	E	xamination	n Authority		
Provide results of la	test exan	nination available.	A cert	ified copy or i	esults mus	st accompany this fo	rm.	
Subjects (Best 5 subj	ects, incl	uding English)	Level	s: NSSCAS; N	ISSCH/HIGO	CSE; NSSCO/IGCSE;	Symbol	Points
			SC-H	G; SC-SG; AN				
			HSEC	-GED				
		SE	CTIO	N 5: FUNDI	NG			
Provide full names	and add	ress of person/gu	ardian	/company wh	o will be	responsible for you	r tuition f	ees and
other incidentals								
Full Name or Name	of the							
Organization								
Postal Address					Email			
Mobile Phone No					Tel No			
						<u> </u>		
		SECTION	6. SD	ONSOR AG	DEENJEN	IT		
If a ctudent is under	cnoncor						llowing, T	hic ic to
If a student is under	•			•	is required	to complete the fo	mowing: I	1115 15 10
certify that the abov	e mentio	neu person snan bi	e shou	soled by				
Name:			2	nd I/we herel	nv agree t	o pay the fees as a	greed un	on with
CUW authorities.			a	ind if WC HEIEI	oy usice to	o pay the rees as a	Picca abi	JII WILLI

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	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)								

SECTION 8: DEC	CLARATION TO BE S	SIGNED BY THE PRO	SPECTIVE 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 proclaim for damages which I have participation in any activity at t	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 y	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 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 NUMBER						
REGISTRAR'S SIGNATU DATE:					_	0	FFICA	L DATE :	STAMP	