

**APPLICATION FOR ADMISSION
TO THE STUDENT EXCHANGE PROGRAMME: 2017**

Rhodes Student Number:

Surname and Initials:

First Names in full:

Maiden Name in full:

Title:

Gender:

Marital Status:

Home Language:

Citizenship Status:

(tick applicable)

☐ South African Citizen

☐ Foreign, with SA Permanent Residence

☐ Foreign, with Temporary Residence requiring
a Study Permit

Please list in order of preference the two Universities you would like to attend:

1. _____

2. _____

**What degree and which year will you be registered for at Rhodes in 2017
(eg. BA 2, BSc 1):** _____

List the subjects you will be studying at Rhodes in 2017:

1. _____

2. _____

3. _____

4. _____

Please indicate the semester for which you are applying (please note that these refer to Rhodes University semesters):

☐ Semester One 2017

☐ Semester Two 2017

Email Address:

Telephone Number:

Rhodes University has reciprocal agreements with most participating overseas institutions listed on our International office website. Please make sure that you are familiar with the cost implications of the exchange for which you intend applying. This information is available in the exchange booklet on the website. Please note that exchange students will be expected to pay for their own travel and incidental costs as well as medical insurance to cover them while they are outside South Africa, as well as accommodation in some cases. (Some partner institutions have mandatory health insurance available through the institution.)

Please attach the following supporting documents to this application:

- Curriculum Vitae;
- Personal Statement: a one-page account of your main interests, activities and what you hope to achieve studying abroad;
- Academic transcript (available from the Student Bureau in Eden Grove).

Please read and acknowledge that you understand the following:

I am aware that I will have to cover international and domestic travel costs, visa costs and living expenses while abroad: ☐ Yes ☐ No

I am aware that I will have to apply for a visa and arrange flights independently: ☐ Yes ☐ No

I am aware that I will have to pay a full year's tuition for my registered degree to Rhodes University: ☐ Yes ☐ No

I am aware that I may have to pay accommodation costs for the period of my exchange at my host institution: ☐ Yes ☐ No

I am aware that if I do not have to pay accommodation costs at my host institution, I will have to pay accommodation costs to Rhodes University for the period of my exchange abroad: ☐ Yes ☐ No

I am aware that it is my duty to ensure that the relevant Departments are aware of my intention to study abroad for a semester before I submit my application: ☐ Yes ☐ No

I am aware that it is my duty to check whether there are suitable courses on offer at the universities I would like to study at before I submit my application: ☐ Yes ☐ No

I am aware that acceptance by Rhodes into the exchange programme does not guarantee acceptance into the host institution: ☐ Yes ☐ No

I am aware that the acceptance into the exchange programme is provisional upon approval by the relevant Rhodes University academic departments. ☐ Yes ☐ No

Please have the following Head of Department Pre-Approval forms (as many as required) and TWO recommendation forms completed by an academic member of staff, and submit in a sealed envelope with your application form and supporting documents.

For each subject that you would like to take next year, please visit the relevant Head of Department and discuss whether they would be open to you spending a semester abroad. Please take course descriptions that are on offer at the host institutions with you, so that the Head of Department can see whether they offer suitable courses. Visit the Universities' websites to obtain these.

Please ask each Head of Department to sign below:

CONFIRMATION OF PRE-APPLICATION APPROVAL: 2017

(Head of Department One)

To be completed by the Head of Department prior to the student's application to go on exchange:

Please glance through the course descriptions and let us know if you are open initially to the student going on exchange at the institutions indicated by the students. Note that any approval you give now is not considered binding, and should the student be accepted, you will have opportunity to review this decision. If you have any comments or objections, please indicate them below.

NAME: _____

DEPARTMENT: _____

I confirm that I have spoken to the student about a possible semester abroad and about possible course options, which the student has provided me with.

I think / do not think that there may be suitable courses for the student to take abroad.

I support / do not support this student going on exchange to the following institutions (please list):

Institution 1: _____

Institution 2: _____

If you have further comments, please include them below:

Head of Department Signature

Date: _____

For each subject that you would like to take next year, please visit the relevant Head of Department and discuss whether they would be open to you spending a semester abroad. Please take course descriptions that are on offer at the host institutions with you, so that the Head of Department can see whether they offer suitable courses. Visit the Universities' websites to obtain these.

Please ask each Head of Department to sign below:

CONFIRMATION OF PRE-APPLICATION APPROVAL: 2017

(Head of Department Two)

To be completed by the Head of Department prior to the student's application to go on exchange:

Please glance through the course descriptions and let us know if you are open initially to the student going on exchange at the institutions indicated by the students. Note that any approval you give now is not considered binding, and should the student be accepted, you will have opportunity to review this decision. If you have any comments or objections, please indicate them below.

NAME: _____

DEPARTMENT: _____

I confirm that I have spoken to the student about a possible semester abroad and about possible course options, which the student has provided me with.

I think / do not think that there may be suitable courses for the student to take abroad.

I support / do not support this student going on exchange to the following institutions (please list):

Institution 1: _____

Institution 2: _____

If you have further comments, please include them below:

Head of Department Signature

Date: _____

For each subject that you would like to take next year, please visit the relevant Head of Department and discuss whether they would be open to you spending a semester abroad. Please take course descriptions that are on offer at the host institutions with you, so that the Head of Department can see whether they offer suitable courses. Visit the Universities' websites to obtain these.

Please ask each Head of Department to sign below:

CONFIRMATION OF PRE-APPLICATION APPROVAL: 2017

(Head of Department Three)

To be completed by the Head of Department prior to the student's application to go on exchange:

Please glance through the course descriptions and let us know if you are open initially to the student going on exchange at the institutions indicated by the students. Note that any approval you give now is not considered binding, and should the student be accepted, you will have opportunity to review this decision. If you have any comments or objections, please indicate them below.

NAME: _____

DEPARTMENT: _____

I confirm that I have spoken to the student about a possible semester abroad and about possible course options, which the student has provided me with.

I think / do not think that there may be suitable courses for the student to take abroad.

I support / do not support this student going on exchange to the following institutions (please list):

Institution 1: _____

Institution 2: _____

If you have further comments, please include them below:

Head of Department Signature

Date: _____

For each subject that you would like to take next year, please visit the relevant Head of Department and discuss whether they would be open to you spending a semester abroad. Please take course descriptions that are on offer at the host institutions with you, so that the Head of Department can see whether they offer suitable courses. Visit the Universities' websites to obtain these.

Please ask each Head of Department to sign below:

CONFIRMATION OF PRE-APPLICATION APPROVAL: 2017

(Head of Department Four)

To be completed by the Head of Department prior to the student's application to go on exchange:

Please glance through the course descriptions and let us know if you are open initially to the student going on exchange at the institutions indicated by the students. Note that any approval you give now is not considered binding, and should the student be accepted, you will have opportunity to review this decision. If you have any comments or objections, please indicate them below.

NAME: _____

DEPARTMENT: _____

I confirm that I have spoken to the student about a possible semester abroad and about possible course options, which the student has provided me with.

I think / do not think that there may be suitable courses for the student to take abroad.

I support / do not support this student going on exchange to the following institutions (please list):

Institution 1: _____

Institution 2: _____

If you have further comments, please include them below:

Head of Department Signature

Date: _____

CONFIRMATION OF PRE-APPLICATION APPROVAL: 2017

(Referee One)

PART ONE:

To be completed by the exchange applicant prior to requesting a referee:

Surname: _____

First Name: _____

Student Number: _____

Host Institution: _____ Country: _____

(Delete where applicable) I agree / I do not agree to waive my right to have access to the information given on this form.

Applicant Signature

Date: _____

PART TWO:

This portion of the Academic's reference form is to be completed by an academic with whom you have taken a course and who knows you personally. The completed form needs to be submitted in a sealed envelope with the academic's signature on the envelope seal. **The deadline for students to submit applications to the International Office is 29 July, 2016.**

Please indicate in which of your courses the applicant has been a student:

Compared to other students in the class, please indicate how you would rate the applicant in terms of the categories listed below:

	One of the top few students encountered	Excellent	Very Good	Good	Adequate	Poor	No basis
Academic Motivation							
Ability to do independent study							
Reliability							
Level of maturity							
Interpersonal Skills							
Adaptability							
Suitability for Exchange Programme							

Referee: Please use the space below to indicate additional evaluative information that you feel is relevant:

Name _____ **of** _____ **Referee:** _____
_____ **Department:** _____
_____ **Date:** _____

Thank you for your assistance. Should you have any queries, please contact:
The International Office at internationaloffice@ru.ac.za or on extension 8217.

CONFIRMATION OF PRE-APPLICATION APPROVAL: 2017

(Referee Two)

PART ONE:

To be completed by the exchange applicant prior to requesting a referee:

Surname: _____

First Name: _____

Student Number: _____

Host Institution: _____ Country: _____

(Delete where applicable) I agree / I do not agree to waive my right to have access to the information given on this form.

Applicant Signature

Date: _____

PART TWO:

This portion of the Academic's reference form is to be completed by an academic with whom you have taken a course and who knows you personally. The completed form needs to be submitted in a sealed envelope with the academic's signature on the envelope seal. **The deadline for students to submit applications to the International Office is 29 July, 2016.**

Please indicate in which of your courses the applicant has been a student:

Compared to other students in the class, please indicate how you would rate the applicant in terms of the categories listed below:

	One of the top few students encountered	Excellent	Very Good	Good	Adequate	Poor	No basis
Academic Motivation							
Ability to do independent study							
Reliability							
Level of maturity							
Interpersonal Skills							
Adaptability							
Suitability for Exchange Programme							

Referee: Please use the space below to indicate additional evaluative information that you feel is relevant:

Name	of	Referee: _____
_____	Department:	_____
_____	Date:	_____

Thank you for your assistance. Should you have any queries, please contact:
The International Office at internationaloffice@ru.ac.za or on extension 8217.

DECLARATION OF AGREEMENT

- I/we the undersigned, hereby declare that to the best of our knowledge and belief 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 the applicant's registration terminated; and further, agree
- That I/we are liable personally or jointly and severally, as the case might be, for the full amount of fees, disbursements and other monies due of which will in the future become due to RHODES UNIVERSITY ("the home University") in respect of the whole period in which the applicant is registered as a student of the home University, such monies being payable on or before the date(s) described by the home University;
- That I/we accept liability for any damage to University property of the foreign college or university ("the host") howsoever caused by the applicant and indemnify the home University against loss or damage howsoever caused in respect of property left at the host while the applicant is registered as a student;
- That a statement signed by the Registrar (Finance) shall represent the amount owing to the University by me/us, and further that in the event of such amount being handed over for collection I/we shall pay all charges incurred on the attorney and client scale;
- That I/we shall abide by all regulations of the home University and the host while there resident and further that the applicant shall, if accepted, be under the disciplinary control of the host as from the date of which he/she takes up residence at the host or the day on which he/she commences studies or attends an orientation week or summer school or similar function or registers as a student, whichever is earliest, until the host accepts as notice or withdrawal from me/us or the applicant fails to renew his/her registration on the due date, whichever is the later;
- That the University or the host may in their discretion report to the parent or guardian or major fee contributor such breaches of the rules and regulations by the applicant as the University deems necessary and further to report on any matter concerning progress, conduct, well-being or health of the applicant, and further that the University may take all such steps as it considers reasonable in the event of the applicant becoming ill or requiring medical attention;
- That I/we agree to take out health insurance that is valid at the host institution for the period of the exchange;
- That neither the home University nor the host accept responsibility for any loss or damage suffered by me/my son/my daughter/my ward personally while an exchange student and I/we do indemnify Rhodes University against all such claims;
- That I/we agree to take up any exchange that may be awarded within the period stipulated by Rhodes University. I/we understand that should I/we fail to do so, I/we shall forfeit the exchange;
- I/we undertake to return to South Africa on completion of the exchange period.

Signature of student

Date

Signature of parent or guardian (if student is under age)

Date

Identity number of parent or guardian

Signature of person responsible for fees
(if student is not responsible for own fees)

Date