



FOR OFFICE USE ONLY

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APPLICATION FOR ADMISSION TO MASTER'S AND DOCTORAL DEGREES

Other than Pharm D, MBA or degrees in Psychology (for which separate forms are available).
<http://www.ru.ac.za/administrative/registrar/forms/>

*** Science and Pharmacy faculty applicants - must see page 6 for additional instructions.**

Have you ever been registered at Rhodes? ✓ Yes No

Student No:

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Year of admission:

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LAST NAME:																												
FIRST NAMES (in full):																												
MAIDEN NAME (if applicable):																												
TITLE (Mr, Ms, Miss, etc):					INITIALS:																							

Population group (required for statistical purposes): ✓ African Coloured Indian White

Home language:

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Are you a South African citizen? ✓ Yes No If “NO”, are you a permanent resident? Yes No

If not South African citizen, state nationality:

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Identity number (South African) or passport number (other nationality)

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Date of birth:

DD		MM		YY	

Are any of your **immediate** family Old Rhodians?
(e.g. mother, father, siblings etc)

Please ✓ *where relevant*

Yes	No
-----	----

NAME: _____ Student No:

NAME: _____ Student No:

Are any of your **immediate** family currently registered at Rhodes? ✓

Yes	No
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If "YES" please give their student number(s)

Please indicate any disability: ✓

A	Diabetic	B	Blind	C	Cerebral Palsy
D	Deafness	E	Behavioural/Psychological	H	Partial Hearing
I	Partially Sighted	L	Intellectual (Learning Difficulty)	P	Paraplegic
Q	Quadriplegic	S	Speech Defect	T	Communication (Talking/Listening)
W	Wheelchair	Y	Dyslexia	Z	Physical (Moving/Standing/Grasping)
U	Unspecified	M	More than one disability		

You are required to provide this information about your disability at the time of your application. If you do not, the University cannot undertake to provide reasonable assistance.

PROPOSED REGISTRATION

Full-time ✓ Part-time

In attendance? ✓ Yes No

Choice of degree (e.g. MA) _____ in the Department of _____

Subject _____

Degree by ✓ Research thesis Coursework and thesis/research project Coursework only

Proposed supervisor (if you have one): _____

Proposed field of research or thesis title: _____

ADDRESS DETAILS

<p>HOME POSTAL ADDRESS:</p> <table border="1" style="width: 100%; height: 40px; border-collapse: collapse;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> <p style="text-align: right;">POSTAL CODE: <table border="1" style="width: 100px; height: 20px; border-collapse: collapse;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table></p>																																																																																											<p>DIALING CODE: <table border="1" style="width: 100px; height: 20px; border-collapse: collapse;"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table></p> <p>DIALING CODE: <table border="1" style="width: 100px; height: 20px; border-collapse: collapse;"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table></p> <p>CELL: <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table></p>																																	<p>TELEPHONE NUMBER: <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table></p> <p>FAX NUMBER: <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table></p> <p>E-MAIL: <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table></p>																																																												
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<p>Next of kin: ✓ Father <input type="checkbox"/> Mother <input type="checkbox"/> Partner <input type="checkbox"/> Other <input type="checkbox"/> None <input type="checkbox"/></p> <p>Title, initials & last name of next of kin: _____</p>																																																																																																																																																																																								
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Title, initials, last name and ID number of person responsible for fees. If self leave blank: _____

Account address. If the same as the home postal address, leave blank: _____

RESIDENTIAL ACCOMMODATION

Do you wish to stay in a University residence?: ✓ Yes No I am already in residence

House of 1st choice _____ (may answer "ANY") 2nd choice: _____

There is no guarantee of accommodation in a preferred residence.

ACADEMIC QUALIFICATIONS

Please give details of the last higher education institution that you attended.

University/institution: _____ Student Number: _____

Degree/qualification: _____ Degree/qualification completed? ✓ Yes No

CHECK LIST

Have you enclosed the following with your application form?

Your application fee is R100

Please enclose a cheque or postal order. **DO NOT ENCLOSE CASH**
ONLY SOUTH AFRICAN POSTAL ORDERS ACCEPTED

1. Have you enclosed your academic transcript?
2. Have you signed the declaration on the last page of the application?
3. If you have not previously attended an English Medium University please contact our offices to request information with regards to the English proficiency requirements or provide any certificates of English Proficiency that you currently have.
4. You are required to check the relevant Departmental website for any other documents required to consider your application.

PLEASE NOTE: All postgraduate applicants are required to submit with the application form a full official academic transcript reflecting the detailed results, including percentage marks, of all previous qualifications and the award of degree(s). Copies of degree certificates do NOT constitute an academic transcript.

Applicants who at the time of application are completing a degree requisite for admission, should submit all available academic results on application, with submission of the full/final academic transcript as soon as this is available. Rhodes students do not need to submit Rhodes transcripts. Married women: where your previous qualifications are in your maiden name, please supply a copy of your marriage certificate for record purposes.

RETURN BY EMAIL TO: registrar@ru.ac.za

RETURN BY FAX TO: 0466038300

RETURN BY POST TO:

**PO Box 94
Grahamstown
6140**

BANKING DETAILS FOR RHODES UNIVERSITY

FNB Bank Grahamstown

Account Name: Rhodes University

Account Number: 62145504553

Branch Code: 210-717

Swift Code: FIRZAJJ

REFERENCE: SURNAME, INITIAL (in that order)

Attach a copy of the Deposit Slip to this Application Form.

FOR OFFICE USE ONLY	DATE	SIGN
1. Captured		
2. Form Checked		

DECLARATION AND AGREEMENT

I/We, the undersigned, hereby declare that:

To the best of my/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 accept liability for damage to University property howsoever caused by the Applicant and indemnify the University against any loss or damage howsoever caused in respect of property left at the University by the Applicant. I/We also indemnify the University against any claim whatsoever for damages howsoever caused or arising which the Applicant may sustain whilst registered as a student at the University, acknowledging that the Applicant's participation in any sporting or other activity at the University or conveyance of the Applicant in any University vehicle, shall be at the Applicant's sole and absolute risk. This indemnity shall be binding on the Applicant's Executors and Heirs.

That I/We acknowledge that a registration fee is required by mid-January each year, including the first year of study, unless satisfactory arrangements have been made with the University. Details of the fee will be included in future correspondence with the applicant.

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 legal charges incurred on the attorney and client scale.

That I/We will pay interest on all overdue fees, and disbursements at a rate published in the annual fees booklet and on the website and calculated from the first day of each month following the date by which final payment of all fees and disbursements must have been made.

That I/We shall abide by all regulations of the University - and further that the applicant shall, if accepted, be under the disciplinary control of the University as from the date on which he/she takes up residence at the University 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 University accepts a notice of withdrawal from me/us or the applicant fails to renew his/her registration on the due date, whichever is the later.

That I/We accept and understand that the University keeps documents, including this Declaration and Agreement, electronically and distributes them as such. The University shall at all times be entitled to utilise such documents in electronic format for whatever purpose required and I/We agree that the electronically generated documents shall replace the originals signed by me.

That although the University does not take any responsibility for informing parents or guardian or major fee contributor of disciplinary action against a student (whether pending or finalized), academic performance or any other matters relating to the student, the University may in its discretion report to the parents or guardian or major fee contributor such breaches of the rules 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 without the University undertaking any legal obligation to do so.

Signature of applicant: _____

Signature of person responsible for fees (if not applicant): _____

Date: _____

INFORMATION FOR ADMISSION TO MASTER'S AND DOCTORAL DEGREES - FACULTY OF SCIENCE AND FACULTY OF PHARMACY

Students seeking to undertake postgraduate studies in the Science Faculty are expected to have discussed a research project and have the support of a supervisor at Rhodes. As such, an application for postgraduate studies in Science will be approved and signed by the supervisor and the Head of Department BEFORE coming to the Dean.

To apply for postgraduate studies in the Science Faculty follow the following steps:

1. Identify a likely supervisor, or contact the relevant department who will assist you in identifying a possible supervisor, and agree on a research topic.
2. With the guidance of your proposed supervisor, prepare a brief project proposal. It is expected that Departments will have their own quality assurance processes and that the nature of the proposal will differ between departments. In some it may take the form of a concept note, in others, a more fully developed proposal. As a minimum, the proposal should indicate the broad field of research, the questions that will be or are likely to be asked, why these are important questions and how they are likely to be answered. A full literature review is not expected but reference to key literature is.
3. Submit the completed application form plus project proposal to your supervisor who will provide the additional information required below.
4. The supervisor will pass the full set of documents on to the Head of Department and then the Dean for consideration.

Additional information to be completed by the supervisor and Head of Department.

Supervisors should read the student's application form and project proposal and ensure that the information provided regarding the degree and project is correct.

Applicants Title, Initials and Surname: _____

Student number: _____ Degree: _____

Subject: _____

Statement by Supervisor

I RECOMMEND/DO NOT RECOMMEND the acceptance of this candidate subject to the following conditions:

Signature: _____ Date: _____

Name of supervisor (Title, Initial, Surname) _____

Email: _____

Name of co-supervisor/s (Title, Initial, Surname include affiliation if not a Rhodes staff member)

Email address/es of co-supervisor/s _____

Statement by Head of Department

I RECOMMEND/DO NOT RECOMMEND the acceptance of this candidate subject to the following conditions:

If recommended by HOD please indicate (/): Full-time [] Part-time []

In attendance [] Not in attendance []

By: thesis only [] coursework and thesis [] coursework only []

Topic of Research (in a sentence or two):

Signature: _____ Date: _____

Statement by the Dean of the Faculty

I APPROVE/DO NOT APPROVE the acceptance of this candidate on behalf of the Faculty Board subject to the following conditions:

Signature: _____ Date: _____