



FOR OFFICE USE ONLY

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APPLICATION FOR A STAFF MEMBER OR SPOUSE OF A STAFF MEMBER TO ATTEND LECTURES AS AN OCCASIONAL STUDENT

Have you previously been registered at Rhodes University
Please ✓ where relevant

Yes	No
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If "YES", please supply your student number

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Proposed Year of Entrance to Rhodes University

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

INITIALS:

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POPULATION GROUP: _____ HOME LANGUAGE: _____
(eg. Asian, Black, Coloured, White) (eg. Xhosa, English, Sotho, Afrikaans etc)

CITIZEN STATUS: _____ NATIONALITY: _____
(SA Citizen, Foreign with SA permanent residence, or Foreign requiring a study permit)

DD MM YY

DATE OF BIRTH:

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SA IDENTITY NUMBER OR PASSPORT NUMBER

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Please indicate any physical disability (tick, where appropriate)
This information will not disadvantage your application

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		

APPROVAL BY HEAD OF DEPARTMENT OF STAFF MEMBER

As Head of the Department of _____ I confirm that this applicant may attend the above mentioned course as an occasional student.

SIGNED _____ DATE _____

REMISSION OF TUITION FEES

Relationship to full-time member of staff	Spouse
	Self

If Spouse please state the name of the full-time member of staff to whom you are related:
_____ in the Department of _____

DECLARATION AND AGREEMENT

I, the undersigned declare that:

I am familiar with the regulations pertaining to an Occasional Student as set out in the Rhodes University Calendar.

That should I for any reason withdraw from the course I shall do so in writing to the Student Bureau.

I undertake to make up any time taken off in attending classes.

Signature of Applicant _____ Date _____

APPROVAL TO ATTEND THE COURSE

Approval is hereby given to attend the _____ course as an occasional student.

REGISTRAR _____ Date _____

STUDENT NUMBER

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