FOR OFFICE USE ONLY **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 Yes No Please \checkmark where relevant If "YES", please supply your student number Proposed Year of Entrance to Rhodes University LAST NAME: FIRST NAMES (in full) MAIDEN NAME (if applicable) TITLE (Mr, Ms, Miss, etc): **INITIALS:** 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 YY MM DATE OF BIRTH: SA IDENTITY NUMBER OR PASSPORT NUMBER

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

RHODES UNIVERSITY Where leaders learn

Α	Diabetic	В	Blind	С	Cerebral Palsy
D	Deafness	E	Behavioural/Psychological	Н	Partial Hearing
Ι	Partially sighted	L	Intellectual (Learning Difficulty)	Ρ	Paraplegic
Q	Quadriplegic	S	Speech Defect	Т	Communication (Talking/Listening)
W	Wheelchair	Y	Dyslexia	Ζ	Physical (Moving/Standing/Grasping)
U	Unspecified	Μ	More than one disability		

PROPOSED REGISTRATION

Г

Intended course of study

Yes

Yes

No

No

Have you previously been enrolled at a university/higher education institution (other than Rhodes)? *Please tick* ✓ *where relevant*

SCHOOL LEAVING CERTIFICATE/MATRIC CERTIFICATE PROVIDED

If "YES", please complete the following: (Please provide a full transcript from all institutions attended)

YEAR INSTITUTION DEGREE/QUALIFICATION DEGREE COMPLETED? YES or NO STUDENT NUMBER AT THAT INSTITUTION Image: Complex Compl

NB: THIS COURSE WILL BE UNDERTAKEN FOR NON-DEGREE PURPOSES UNLESS YOUR SCHOOL LEAVING OR MATRIC CERTIFICATE IS PROVIDED.

ADDRESS DETAILS

HOME POSTAL ADDRESS:	CODE:	TELEPHONE NUMBER:
POSTAL CODE	CODE: CELL: E-MAIL:	FAX NUMBER:
GUARDIAN OR PARENTS ADDRESS:	CODE: CODE: CODE: CELL: E-MAIL:	TELEPHONE NUMBER: FAX NUMBER: I

APPROVAL BY HEAD OF DEPARTMENT IN WHICH THE COURSE IS TO BE TAKEN

As Head of the Department of	_I confirm that this	
applicant may attend the above mentioned course as an occasional student.		
SIGNED DATE		

APPROVAL BY HEAD OF DEPARTMENT OF STAFF MEMBER

As Head of the Department of	_l 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 _ as an occasional student.		course
REGISTRAR	Date	
	STUDENT NUMBER	