



UNIVERSITY OF SWAZILAND

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APPLICATION FOR ADMISSION (2018/2019)

COMPLETE ALL SECTIONS IN INK AND RETURN TO THE *ADMISSIONS SECRETARY, UNIVERSITY OF SWAZILAND, PRIVATE BAG 4, KWALUSENI SWAZILAND, BY 2ND MARCH 2018.*

A COMPUTER PRINT-OUT SLIP OF YOUR IGCSE/O'LEVEL RESULTS &/OR CERTIFICATE WHERE QUALIFICATION IS OLDER THAN 1 YEAR MUST BE ATTACHED.

AN APPLICATION FEE OF E370.00 FOR SWAZILAND CITIZENS AND A FEE OF E410.00 FOR NON-SWAZI CITIZENS MUST ACCOMPANY THE APPLICATION. THE FEE IS NON-REFUNDABLE AND IS PAYABLE AT THE UNIVERSITY.

THE APPLICATION FORM SHOULD BE POSTED BY REGISTERED MAIL OR BROUGHT IN PERSON WITH ALL ACCOMPANYING DOCUMENTS.

SHOULD YOU WISH TO CHANGE YOUR INTENDED PROGRAMME OF STUDY AFTER HAVING SUBMITTED THE APPLICATION FORM, THE CHANGE SHOULD BE EFFECTED BEFORE THE CLOSING DATE FOR SUBMISSION OF APPLICATIONS. EACH CANDIDATE IS REQUIRED TO COMPLETE **ONLY ONE** (1) APPLICATION FORM.

1.0 PERSONAL DETAILS: (USE CAPITAL LETTERS)	
1.1 SURNAME:	<input type="text"/>
1.2 FIRST NAME(S):	<input type="text"/>
1.3 DATE OF BIRTH:	<input type="text"/> / <input type="text"/> / <input type="text"/> (DAY/MONTH/YEAR)
1.4 PERSONAL IDENTIFICATION NUMBER (PIN):	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
1.5 CELL NUMBER:	<input type="text"/>
1.6 GENDER:	MALE / FEMALE (circle one).
1.7 TITLE:	MR / MRS / MS (MISS) / DR (circle one).
1.8 MARITAL STATUS:	SINGLE / MARRIED / DIVORCED / WIDOWED (circle one).
1.9 MAIDEN SURNAME:	(if applicable)
1.10 CITIZENSHIP:	<input type="text"/>
1.11 CORRESPONDENCE ADDRESS:	(Response to your application will be sent to this address).
	P. O. BOX, P/BAG
	TOWN / CITY
	COUNTRY
1.12 PHYSICAL ADDRESS:	<input type="text"/>
	<input type="text"/>
1.13 DETAILS OF NEXT OF KIN:	PARENT / GUARDIAN / SPOUSE Tick the applicable
	FULL NAMES:
	POSTAL ADDRESS:
	TELEPHONE NUMBER:

2.0 CHOICE OF PROGRAMME: (Applicants may select three (3) programmes in order of preference)

Programme (Please refer to prospectus for programmes)	Year of Study eg. 1st	Code (Office use Only)
1.		
2.		
3.		

2.1 INFORMATION OF APPLICANT

2.2 YOU APPLY AS:

TICK

- | | | | | |
|---|---|--------------------------|--------------------------|----|
| 1 | A HIGH SCHOOL LEAVER WHO HAS DONE O' LEVEL/IGCSE/EQUIVALENT..... | <input type="checkbox"/> | <input type="checkbox"/> | 01 |
| 1 | A CANDIDATE WHO HAS A POST HIGH SCHOOL PROFESSIONAL QUALIFICATION | <input type="checkbox"/> | <input type="checkbox"/> | 03 |
| 1 | A UNISWA STUDENT WHO FAILED IN THE PAST, LEFT UNISWA AND NOW RE-APPLIES FOR THE SAME PROGRAMME | <input type="checkbox"/> | <input type="checkbox"/> | 05 |
| 1 | A UNISWA STUDENT WHO FAILED IN THE PAST, LEFT UNISWA AND NOW RE-APPLIES FOR A DIFFERENT PROGRAMME | <input type="checkbox"/> | <input type="checkbox"/> | 07 |
| 1 | OTHER TYPE..... | <input type="checkbox"/> | <input type="checkbox"/> | 08 |
| 1 | IF YOU TICKED CONDITIONS 05, OR 07, GIVE PARTICULARS (SUCH AS FORMER PROGRAMME AND AC. YR. OF STUDY) | | | |

2.3 ACADEMIC QUALIFICATIONS

2.4 WHICH EXAMINATION HAVE YOU WRITTEN:

- | | | | | |
|----|---------------------------------------|--------------------------|--------------------------|----|
| 1. | CAMBRIDGE 'O' LEVEL..... | <input type="checkbox"/> | <input type="checkbox"/> | 01 |
| 2. | A'LEVEL..... | <input type="checkbox"/> | <input type="checkbox"/> | 02 |
| 3. | SOUTH AFRICAN SENIOR CERTIFICATE..... | <input type="checkbox"/> | <input type="checkbox"/> | 03 |
| 4. | IGCSE/SGCSE..... | <input type="checkbox"/> | <input type="checkbox"/> | 04 |
| 5. | NSC..... | <input type="checkbox"/> | <input type="checkbox"/> | 05 |
| 6. | OTHER (SPECIFY)..... | <input type="checkbox"/> | <input type="checkbox"/> | 06 |

3.0 POST HIGH SCHOOL INSTITUTIONS ATTENDED: (i.e. College, Technicon, University. etc.)

NAME OF INSTITUTION	PERIOD OF STUDY	QUALIFICATION
1.		
2.		
3.		

3.1 PRESENT OCCUPATION:

3.2 YEAR ON WHICH YOU FIRST WROTE YOUR HIGH SCHOOL EXAMINATIONS:

NB: PRE-VOCATIONAL QUALIFICATION IS NOT RECOGNISED BY THE UNIVERSITY

- **DIPLOMA IN LAW** applicants are required to supply employer's letter of recommendation together with their application form (atleast three passes including English Language and a minimum of three year relevant work experience)
- **B.Ed.** applicants are required to supply academic transcripts together with their application form.
- **B.Nursing Science** applicants are required to supply academic transcripts & current receipts of membership to the Swaziland Nursing Council together with their application form.
- **DABS holder's** or equivalent may apply to year 1 of B. Comm. (New Programme)

4.0 ENTER YOUR HIGH SCHOOL RESULTS AND YEAR OF EXAMINATION FOR EACH OF THEM

(O'LEVEL /IGCSE/SGCSE HOLDERS)

4.1 CENTRE/SCHOOL NUMBER
4.2 CANDIDATE'S EXAMINATION NUMBER

SUBJECT	GRADE LETTER i. e. A,B etc	SYMBOL NUMERIC i. e. 1.2 etc	MONTH YEAR WRITTEN e.g. June 1995 Nov. 1995	FOR OFFICIAL USE
* ENGLISH AS A FIRST LANGUAGE.....				.....0500
* ENGLISH AS A SECOND LANGUAGE.....				.....0510
* ENGLISH LITERATURE .....				.....0486
* RELIGIOUS STUDIES .....				.....0490
* HISTORY .....				.....0470
* GEOGRAPHY .....				.....0460
* FRENCH .....				.....0520
* AFRIKAANS .....				.....3152
* SISWATI .....				.....0542
* ZULU .....				.....3165
* MATHEMATICS .....				.....0581
* ADDITIONAL MATHEMATICS .....				.....0606
* AGRICULTURE .....				.....0600
* PHYSICS .....				.....5054
* CHEMISTRY .....				.....5070
* BIOLOGY .....				.....0610
* PHYSICAL SCIENCE .....				.....9092
* LIFE SCIENCES.....				.....0412
* SCIENCE (CHEMISTRY-BIOLOGY).....				.....5126
* INTERGRATED SCIENCE.....				.....5128
* COMBINED SCIENCE .....				.....0653
* DESIGN & TECHNOLOGY.....				.....0445
* METAL WORK .....				.....6040
* FOOD AND NUTRITION.....				.....0648
* HOME ECONOMICS....				.....6075
* FASHION & FABRIC.....				.....0649
* COMMERCE .....				.....7100
* ACCOUNTS .....				.....0452
* BUSINESS STUDIES.....				.....0450
* INFORMATION TECHNOLOGY.....				.....0418
* DEVELOPMENT STUDIES .....				.....2271
* ECONOMICS .....				.....0455
* SESOTHO .....				.....3157
* SETSWANA .....				.....3158
* SOCIOLOGY .....				.....2251
* SWAHILI .....				.....3162
* SHONA .....				.....3159
* NDEBELE .....				.....3155
* LIFE ORIENTATION.....				.....0400
* TOURISM.....				.....0411
* MATHEMATICAL LITERACY.....				.....0410
* OTHER
* OTHER

4.3 IF YOU ARE APPLYING ON THE STRENGTH OF C. O. S. C./GCE ‘O’LEVEL OR EQUIVALENT QUALIFICATION. PLEASE ATTACH/STAPLE SAME HEREUNDER.

5.0 PLEASE CHECK IF YOU HAVE DONE THE FOLLOWING

TICK

- 1. COMPLETED ALL SECTIONS?
- 2. ENCLOSED APPLICATION FEE?
- 3. FOR HIGH SCHOOL LEAVER: ENCLOSED AN OFFICIAL COPY/COPIES OF YOUR HIGH SCHOOL RESULTS?
- 4. FOR ADULT EDUCATION APPLICANTS: ENCLOSED A LETTER OF RECOMMENDATION AND A COPY OF ACADEMIC CERTIFICATES?
- 5. FOR B.ED. APPLICATIONS: ENCLOSED COPY ACADEMIC TRANSCRIPTS AND COPY OF ACADEMIC CERTIFICATES?
- 6. FOR B.NURSING APPLICATIONS: ENCLOSED COPY ACADEMIC TRANSCRIPTS AND COPY OF ACADEMIC CERTIFICATES & RECIEPTS FROM NURSING COUNCIL?

6.0 DECLARATION BY APPLICATION

I DECLARE THAT ALL THE ABOVE INFORMATION IS CORRECT AND TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I AGREE THAT IF I AM ACCEPTED AT THE UNIVERSITY, I SHALL BE UNDER THE DISCIPLINARY CONTROL OF THE UNIVERSITY AUTHORITIES AND UNDERTAKE TO CONFORM TO ALL THE RULES AND REGULATIONS OF THE UNIVERSITY.

FULL NAME OF APPLICANT	
SIGNATURE OF APPLICANT	
FULL NAME OF NEXT OF KIN	
RELATIONSHIP WITH NEXT OF KIN	
TEL. NO. OF NEXT OF KIN	
SIGNATURE OF NEXT OF KIN	
PLACE	DATE