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APPLICATION FOR ADMISSION TO

**Bachelor of Education in Foundation Phase**  
**(IN-SERVICE/PART-TIME)**

1. PROPOSED REGISTRATION  
(i.e., B.Ed. Foundation Phase)

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Consult the available brochure for information about the B. Ed  
FP – viz. course content, structure, etc.

HAVE YOU EVER BEEN REGISTERED AT RHODES UNIVERISTY BEFORE?	YES		NO	
IF 'YES', WHAT WAS YOUR STUDENT NUMBER?				

TITLE (Mr/ Ms/ Mrs, etc.)		INITIALS	
SURNAME			
MAIDEN NAME (if applicable)	Please attach copy of marriage certificate		
FIRST NAMES (in full)			

2. PRIOR EDUCATION

	NAME OF QUALIFICATION	NAME OF EDUCATIONAL INSTITUTION	YEAR COMPLETED
MATRIC (SENIOR) CERTIFICATE			
PROFESSIONAL (TEACHING) QUALIFICATION			
ANY OTHER DEGREES/DIPLOMAS/ CERTIFICATES			



FOR OFFICE USE ONLY



HEAD OF DEPARTMENT	DEAN OF FACULTY
Recommended / not recommended	Approved / not approved
Signature.....	Signature.....
Date.....	Date.....
Comments.....	


### 3. PERSONAL

NATIONALITY													
IDENTITY NUMBER or PASSPORT NUMBER													
DATE OF BIRTH	D	D	M	M	Y	Y	Y	Y					
POPULATION GROUP (Statistical purposes)	AFRICAN			COLOURED			INDIAN			WHITE			
HOME LANGUAGE													
ILLNESSES/ DISABILITIES Information you require the University to be aware of in order to provide reasonable assistance													

### 4. CONTACT DETAILS

HOME ADDRESS (POSTAL & PHYSICAL) This address will be used for all University correspondence. Please ensure it is correct.	Postal Address:												
	Physical Address:												
										POSTAL CODE			
 CELL NUMBER							 HOME						
EMAIL (very important to provide a working email address)													

NEXT OF KIN (In case of Emergency)	NAME + SURNAME												
	RELATIONSHIP												
NEXT OF KIN ADDRESS													
 HOME							Email						
 CELL NUMBER													

NAME OF PRESENT SCHOOL													
SCHOOL PHYSICAL ADDRESS													
										POSTAL CODE			
	 SCHOOL							Email					

5. PROFESSIONAL DETAILS

INDICATE THE NUMBER OF YEARS TEACHING EXPERIENCE		INDICATE WHICH GRADES YOU PRESENTLY	Pre-Grade R	Grade R	Grade 1	Grade 2	Grade 3
DESCRIPTION OF PRESENT POST (grade, level, HOD, etc.)							
LANGUAGE OF LEARNING AND TEACHING AT YOUR SCHOOL							
ADDITIONAL SCHOOL RESPONSIBILITIES							

6. ADDITIONAL INFORMATION

6.1 WHY HAVE YOU CHOSEN RHODES UNIVERSITY?
6.2 WHY SHOULD YOUR APPLICATION BE CONSIDERED FOR ACCEPTANCE? PROVIDE A BRIEF MOTIVATION.
6.3 WHAT PERSONAL AND/OR PROFESSIONAL ASPIRATIONS DO YOU HAVE? WHAT DO YOU HOPE TO DO ONCE YOU HAVE COMPLETED THE B.ED DEGREE?

## DECLARATION AND 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 is 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 Minimum Initial Payment (MIP) is required by a set date each year, including the first year of study, unless satisfactory arrangements have been made with the University. Details of the MIP amount 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 the rate of 2% per month compounded monthly 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 the University may in its discretion report to the parent 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:

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 parent 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 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: .....Date: .....

Signature of person responsible for fees: .....Date: .....

**NOTE: All signatures are essential. This form will be returned if it is not signed.**