

## St Augustine College of South Africa UNDERGRADUATE DEGREE Application Form

2024

PLEASE READ THE CONTENT OF THIS APPLICATION FORM CAREFULLY BEFORE SUBMITTING.
If necessary, please consult the current annual PROSPECTUS (available on the St Augustine website).

Non-refundable Application Fee: R 100

This application will not be processed unless accompanied by the following:

- Certified copy of Applicant's Identity Document / Passport.
- Certified copy of matriculation or school-leaving certificate. (This certificate must clearly state that the application has an exemption to study for a bachelor degree not a diploma, nor a certificate.)
- For Applicants who obtained a school-leaving certificate from outside of South Africa, a Universities SA Matriculation Board Exemption Certificate for degree study in South Africa (http://mbit-apply.usaf.ac.za/applicant/add; tel +27 (0) 10 591 4401/2; eMail Applications@USAf.ac.za).
- Certified copies of any other academic transcripts (degrees and qualifications already completed).
- Proof of payment of the non-refundable application fee.
   (Proof of payment should be emailed to: undergraduate@staugustine.ac.za; deposit reference: UG + SURNAME + Initials.)
   St Augustine's Banking Details:

Branch Name (Code): Northcliff (05 10 01) Acc Number: 02 251 79 28

APPLICANT'S PERSONAL DETAILS														
Title Mr		Miss		Ms		Mrs			Other					
Surname														
First Name/s														
Maiden Name														
Last Name on Matriculation Certificate (if applicable)														
If the Applicant is a Sout	f the Applicant is a South African citizen or permanent resident, please provide the following:													
South African Identity Number														
If the Applicant is a citize	n or pe	ermanent	resider	nt of a cou	untry otl	ner than	Sout	th Afric	ca, plea	se p	rovide	the fo	ollowii	ng:
Country														
Passport Number														
Does the Applicant need a	Does the Applicant need a study			Yes No			o If y			yes, has it been granted				
If granted, valid from (	n/yy):						to							
For statistical purpose	s, plea	ase prov	ide the	followin	g:									<u>-</u>
Sex	Mal	е	F	emale		Hon	ne La	angua	ge					
Religious Affiliation														

Population Group														
Disability (if any)														
How / where did you learn about St Augustine College?														
PROGRAMME OF STUDY														
Please indicate with a	cross, which	n undergra	duate d	egree	the Ap	plicant	is applyi	ng for:						
Bachelor of Arts (BA	)			Вас	helor o	f Arts	(BA) Ex	tended	t					
Bachelor of Theology	y (BTh) Full	-Time		Вас	helor o	f Theo	ology (B	Th) Pa	rt-Time	. [				
NB All Theology lectures register for fewer module	are offered d	uring the w	eek in the					-		L	oly			
Intake (commencem	ent date) fo	or which a	applying	)		Jar	nuary		,	July				
Fees Payable							_			- [				
Please note that St Au	gustine rese	erves the r	ight not	to offe	r a par	ticular	degree p	rogran	nme in	any				
academic year.														
APPLICANT'S CON	ITACT DEI	AILS												
Home (Street) Address														
						Po	stal Code							
Postal Address														
(if different to Home Address)								T						
ŕ						Pos	stal Code							
Mobile / 'Phone Number														
eMail Address														
PARENT / GUARDI	AN CONTA	ACT DET	AILS (c	ompı	ılsory i	f appl	icant is	under	21)					
This section MUST be	completed i	f the Appli	cant is ι	under	21 year	s of a	ge.							
Relationship to Applicant														
Title Mr	Mis	ss	Ms		Mrs		Other							
Surname														
First Name/s														
If he / she is a South Afri	can citizen or	permanent	resident	, pleas	e provid	le the fo	ollowing:							
South African Identity	Number													
If he / she is a citizen or p	oermanent re	sident of a	country o	ther th	an Sout	h Africa	ı, please p	orovide	the follo	wing:				
Country														

Passport Number															
Home (Street) Address															
									Post	al Cod	е				
Postal Address (if different to Home															
Address)									Postal Code						
Mobile / 'Phone Number															
eMail Address															
FEE PAYER INFOR	MATI	ON													
This section MUST be completed if the Applicant is not the fee payer.															
Relationship to Applicant															
Title Mr		Mis	ss		Ms		М	rs		Othe	r 🗌				
Surname															
First Name/s															
If he / she is a South Africa	can citi:	zen or	perm	anent	residen	ıt, plea	se pro	ovide	the fol	owing	:				
South African Identity	Numbe	er													
If he / she is a citizen or p	perman	ent re	sident	of a c	ountry	other t	han S	outh /	Africa,	please	prov	ide th	e follo	wing:	
Country															
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(if different to Home															
Address)									Posta	al Code	;				
Mobile / 'Phone Number															
eMail Address															

## SECONDARY SCHOOL-LEAVING EXAMINATION DETAILS

To be completed by the Applicant who is writing / has written a South African school-leaving certificate. (For Applicants who obtained a school-leaving certificate from outside of South Africa, a Universities SA Matriculation Board Exemption Certificate for degree study in South Africa must be obtained (http://mbit-apply.usaf.ac.za/applicant/add; tel +27 (0) 10 591 4401/2; eMail Applications@USAf.ac.za).)												
Has exa	Applicant written the mination?	e Matriculation		Yes		No		f yes, hen?				
Sch	ool name											
Sch	ool Address											
Exar Writt	mination Written / to be en	NSC	;		IEB		Othe	r				
Matriculation subjects and marks (if writing the Matriculation Examination this year, please provide yo grade 11 results)												
	Subject		%				Subject			%		
1				2								
3				4								
5				6								
7				8								
certi	f the Applicant has writt ficate; if not, the applica becomes available.											
ΤE	RTIARY EDUCA	TION DETAILS										
If the Applicant has completed any tertiary education or is currently registered at a tertiary institution, the Applicant must complete this section. Please enclose original transcripts or certified copies of certificates / result statements / academic transcripts.												
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## **DECLARATION BY APPLICANT AND PARENT / GUARDIAN**

Without prejudice to the terms of my application for admission to St Augustine, I make the following declarations:

- 1 I will abide by the rules of St Augustine.
- 2 I will hold myself responsible for: the payment of all fees and charges due and payable by me to St Augustine each year; any arrears and interest on arrears; and any costs of recovery, including attorney-and-client scale fees and / or collection commission. If I do not inform the Registrar in writing of withdrawal from studies or a course by the prescribed date/s, I will be liable for full fees even if I do not make use of the facilities of St Augustine.
- 3 In the event of there being any fees outstanding, I acknowledge that St Augustine may withhold any and all of my academic results until such time as the outstanding fees have been paid.
- I accept, agree and understand that: St Augustine may keep and process data and documents in electronic format, including the personal data supplied by me in my application form; St Augustine may use and transfer such data and use such documents in electronic or other formats for purposes consistent with St Augustine's relationship with me as a student and former student, including submission of data for the National Leaners' Record Database and other returns required by the Department of Higher Education and Training; that St Augustine places records of qualifications awarded in the public domain; that St Augustine may process my personal information in accordance with rules and policies for academic and administrative purposes, including disciplinary processes and that St Augustine may use electronically generated documents in place of the originals signed by me.
- I waive all claims against St Augustine for: any damage or loss suffered while I am, or as a consequence of my being, a student at St Augustine and / or arising out of loss or destruction of, or damage to, any property belonging to me or any other person.
- 6 I have not been expelled, rusticated, or excluded from any other University or College.

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Sig	Signature of Applicant Date														
If th gua pare	Declaration and Suretyship by Parent / Legal Guardian / Next-of-Kin  f the Applicant is under 18, his / her parent / guardian must make this declaration. If the Applicant is 18 or older, and his / her legal guardian will be paying the Applicant's fees, the parent / guardian must make this declaration. If the Applicant does not have a parent or a legal guardian, a responsible adult family member (next-of-kin) or other responsible adult who is prepared to make this declaration and the undertaking, must sign this Declaration and Suretyship.														
Rela	Relationship to Applicant														
Titl	e Mr		Miss Ms Mrs Other												
Su	rname														
Fire	st Name/s														
If h	e / she is a South Afric	can citi	zen or pe	ermaner	nt resider	ıt, plea	ise pro	ovide 1	the fol	lowing	:				
So	uth African Identity I	Numbe	er [												
If h	e / she is a citizen or p	perman	ent resic	lent of a	country	other t	han S	outh /	Africa,	please	e pro	vide th	e follo	wing:	
Со	untry														
Pa	ssport Number														
Hoi	me (Street) Address														
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еM	lail Address														
sign by t fron by r	I agree and consent to the above declaration, undertakings, waiver and indemnity by the Applicant. I consent to the Applicant signing registration forms if admitted. I hold myself jointly and severally liable with the Applicant as co-debtor for all amounts due by the Applicant to St Augustine, until I notify St Augustine to the contrary, in which event such cancellation shall take effect only from the beginning of the following academic year. I consent to St Augustine holding and processing personal information supplied by me in this application form (including any application for a St Augustine administered bursary) for purposes related to this application.														
Sigi Gua	nature of Parent / Legal ardian / Next-of-Kin									Da	ıte				
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Su	bmit completed Ap	pplica	tion Fo	rm, tog	ether w	ith al	sup	porti	ng do	cume	enta	tion,			
by	eMail to:			under	graduat	e@st	augu	stine	.ac.z	а					
					Tel: 011	380	9000								
	Thank yo	u for y	your Ap	plicati	on. We	will s	oon	be in	touc	h with	ı a r	espor	ise.		