



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:

Bank: Standard Bank of South Africa

Acc Name: St Augustine College of SA

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 South African citizen or permanent resident, please provide the following:

South African Identity Number

If the Applicant is a citizen or permanent resident of a country other than South Africa, please provide the following:

Country

Passport Number

Does the Applicant need a study permit? Yes No If yes, has it been granted?

If granted, valid from (dd/mm/yy): to

For statistical purposes, please provide the following:

Sex Male Female Home Language

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 undergraduate degree the Applicant is applying for:

Bachelor of Arts (BA) **Bachelor of Arts (BA) Extended**

Bachelor of Theology (BTh) Full-Time **Bachelor of Theology (BTh) Part-Time**

NB All Theology lectures are offered during the week in the evenings (17h00 – 21h00); Part-Time students simply register for fewer modules each semester.

Intake (commencement date) for which applying **January** **July**

Fees Payable

Please note that St Augustine reserves the right not to offer a particular degree programme in any academic year.

APPLICANT'S CONTACT DETAILS

Home (Street) Address					
	Postal Code				
Postal Address (if different to Home Address)					
	Postal Code				
Mobile / 'Phone Number					
eMail Address					

PARENT / GUARDIAN CONTACT DETAILS (compulsory if applicant is under 21)

This section MUST be completed if the Applicant is under 21 years of age.

Relationship to Applicant										
Title	Mr	<input type="checkbox"/>	Miss	<input type="checkbox"/>	Ms	<input type="checkbox"/>	Mrs	<input type="checkbox"/>	Other	<input type="checkbox"/>
Surname										
First Name/s										

If he / she is a South African citizen or permanent resident, please provide the following:

South African Identity Number

If he / she is a citizen or permanent resident of a country other than South Africa, please provide the following:

Country

Passport Number	<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"/>	<input type="text"/>	<input type="text"/>
Home (Street) Address	<input type="text"/>																	
	<input type="text"/>																	
	<input type="text"/>												Postal Code	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Postal Address (if different to Home Address)	<input type="text"/>																	
	<input type="text"/>																	
	<input type="text"/>												Postal Code	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mobile / 'Phone Number	<input type="text"/>																	
eMail Address	<input type="text"/>																	

FEE PAYER INFORMATION

This section MUST be completed if the Applicant is not the fee payer.

Relationship to Applicant	<input type="text"/>																	
Title	Mr	<input type="checkbox"/>	Miss	<input type="checkbox"/>	Ms	<input type="checkbox"/>	Mrs	<input type="checkbox"/>	Other	<input type="text"/>								
Surname	<input type="text"/>																	
First Name/s	<input type="text"/>																	

If he / she is a South African citizen or permanent resident, please provide the following:

South African Identity Number	<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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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If he / she is a citizen or permanent resident of a country other than South Africa, please provide the following:

Country	<input type="text"/>																		
Passport Number	<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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>																		
	<input type="text"/>												Postal Code	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Home (Street) Address	<input type="text"/>																		
	<input type="text"/>																		
	<input type="text"/>												Postal Code	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Postal Address (if different to Home Address)	<input type="text"/>																		
	<input type="text"/>																		
	<input type="text"/>												Postal Code	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Mobile / 'Phone Number	<input type="text"/>																		
eMail Address	<input type="text"/>																		

7 If I am a minor, I have the consent of my parent / guardian to sign this form.

8 The information given on this form is complete and accurate

Signature of Applicant

Date

Declaration and Suretyship by Parent / Legal Guardian / Next-of-Kin

If 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.

Relationship to Applicant

Title

Mr

Miss

Ms

Mrs

Other

Surname

First Name/s

If he / she is a South African citizen or permanent resident, please provide the following:

South African Identity Number

If he / she is a citizen or permanent resident of a country other than South Africa, please provide the following:

Country

Passport Number

Home (Street) Address

Postal Code

Postal Address
(if different to Home
Address)

Postal Code

Mobile / 'Phone Number

eMail Address

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.

Signature of Parent / Legal
Guardian / Next-of-Kin

Date

Submit completed Application Form, together with all supporting documentation,

by eMail to:

undergraduate@staugustine.ac.za

Tel: 011 380 9000

Thank you for your Application. We will soon be in touch with a response.