

SOUTHERN AFRICA NAZARENE UNIVERSITY (SANU)

Application for Admission in 2019
ALL APPLICANTS MUST COMPLETE



Attach
 Passport Size
 Photo

(For Office Use) N.B. Enter the Student Admission Number

Please read the Guide for Applicants brochure before completing this application form. A non-refundable **application fee** is payable: **Local applicants** pay **E345** and **International applicants** pay **(E690 (US\$55))** – this includes application for exemption fee. Please do not enclose cash if returning by post.

INDICATE YOUR APPLICATION STATUS: (Please tick) **SADC APPLICANT** **NON SADC APPLICANT**

A. General information

APPLY BY THESE DATES:

- All Programmes21 March 2019
- Financial aid applications21 March 2019
- International applications.....21 March 2019
- Residence applications.....28 July 2019

N.B. Faculty of Theology Applicants ONLY:
 For enrolment in programmes offered by the Faculty of Theology, apply before **14th August 2019** for enrolment in 09 **January 2020**(2nd Semester)

Degree / Diploma/Certificate (programme selection)

Code* Refer to page 6 Year of study (e.g. 1st/2nd)

Programme	Programme Code	1 st /2 nd	PT/FT
1. <input type="text" value="1<sup>st</sup> CHOICE"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>
2. <input type="text" value="2<sup>nd</sup> CHOICE"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>
3. <input type="text" value="3<sup>rd</sup> CHOICE"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>

Application for admission for year Semester

Have you ever **applied to and/or been registered** at SANU before? (Please tick) Yes No

If **yes**, how many times?

Do you have a **parent** employed at SANU? Yes No If **yes**, please give staff number of parent

B. Personal details

Title / Prefix Mr Miss Mrs Rev Dr Other

Surname / Last name

First name

Middle name

Date of birth (Please tick) **Female** **Male**

day month (e.g. Dec) Year

Swazi Personal Identity Number (PIN)

Marital Status (Please tick) Single Married Widow/er Separated Divorced

Home Language (Please tick) SiSwati English Portuguese Other

Surname change (if applicable)

Previous first name (if applicable)

Date of name change

day month (e.g. Dec) Year Reason for name change

C. Contact details

Applicant's **street address**
(Physical Address)

Applicant's **postal address**

City

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Region

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Postal code

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Contact numbers:

•Home:	<input type="text"/>	•Work	<input type="text"/>
•Cell phone	<input type="text"/>	•Fax	<input type="text"/>

Email address:

Next-of-kin details:**

Initials

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Title / Prefix

--	--	--	--

Relationship

Last name / Surname

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

First name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

ID Number (parent / legal guardian / next-of- kin)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Physical address

****IMPORTANT NOTE:** Your next of kin is your closest relative, eg mother, father, brother or sister or spouse. If you have no living family members, supply the name of the person who is your legal guardian. The name that appears here must be the same person who signs the indemnity form on page 5 on your behalf and sworn your affidavit if you are applying

Home

Work

cell phone

Fax:

Email address:

D. Qualifications

Are you applying through *(Please tick✓)*? High School results Mature Entry

Do you intend applying for exemption from some course(s)? Yes No

To be completed by undergraduates applicants who sat for **Examinations Council of Swaziland (ECOS)** examinations: **GCSE, IGCSE and SGCSE:**

Name of School

School Address

Code Telephone Number

First examinations sitting Last examinations sitting *(upgrading)*

Examination *Candidates Number* at your first sitting

Fill in your symbols in the squares below next to the corresponding subject. This information should be the same as it appears in your statement of symbols.

SUBJECT	SYMBOL	GRADE	YEAR	SUBJECT	SYMBOL	GRADE	YEAR
English Language	<input type="text"/>	<input type="text"/>	<input type="text"/>	History	<input type="text"/>	<input type="text"/>	<input type="text"/>
Literature in English	<input type="text"/>	<input type="text"/>	<input type="text"/>	Religious Studies	<input type="text"/>	<input type="text"/>	<input type="text"/>
French	<input type="text"/>	<input type="text"/>	<input type="text"/>	Agriculture	<input type="text"/>	<input type="text"/>	<input type="text"/>
SiSwati	<input type="text"/>	<input type="text"/>	<input type="text"/>	Accounting	<input type="text"/>	<input type="text"/>	<input type="text"/>
Additional Mathematics	<input type="text"/>	<input type="text"/>	<input type="text"/>	Business Studies	<input type="text"/>	<input type="text"/>	<input type="text"/>
HIGCSE Mathematics	<input type="text"/>	<input type="text"/>	<input type="text"/>	Economics	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mathematics	<input type="text"/>	<input type="text"/>	<input type="text"/>	Food & Nutrition	<input type="text"/>	<input type="text"/>	<input type="text"/>
Biology	<input type="text"/>	<input type="text"/>	<input type="text"/>	Fashion & Fabrics	<input type="text"/>	<input type="text"/>	<input type="text"/>
Physical Science	<input type="text"/>	<input type="text"/>	<input type="text"/>	Design & Technology	<input type="text"/>	<input type="text"/>	<input type="text"/>
Geography	<input type="text"/>	<input type="text"/>	<input type="text"/>	Other: _____	<input type="text"/>	<input type="text"/>	<input type="text"/>

To be signed by undergraduate applicant:
 I..... confirm that all the information given above is true and correct as far as I know and as it applies to me. I understand that falsifying my academic credentials shall constitute to a crime of fraud. I accept liability for any case that may arise due to wrong information I have given above.
 Applicants Signature:..... Date:...../...../.....

School Stamp

Principal's Signature:..... Date:...../...../.....

Tertiary education and / or Technical College qualifications: Please attach your academic transcripts.

Year of registration	Course of study	Year of study (eg 1 st)	Name of institution	Student number	Status: P(passed); Q(qualified); F(failed); C (still to complete year/result not available); or Z (cancelled)

E. General Background

(Required for statistical purposes)

Disabling/handicapping Conditions

Please tick [✓] in the small boxes against condition which best describe your condition.*

1. SENSORY IMPAIRMENT			
VISUAL IMPAIRMENT		HEARING IMPAIRMENT	
1a. Totally Blind <input type="checkbox"/>	1b. Partially sighted <input type="checkbox"/>	1c. Deaf <input type="checkbox"/>	1d. Hard of hearing <input type="checkbox"/>
2. PHYSICAL IMPAIRMENT			
2a. Monoplegic <input type="checkbox"/>	2b. Diplegic <input type="checkbox"/>	2c. Paraplegic <input type="checkbox"/>	2d. Quadriplegic <input type="checkbox"/>
3. LEARNING DISABILITY/DIFFICULTY			
3a. Dyslexic <input type="checkbox"/>	3b. Dyscalculic <input type="checkbox"/>	3c. Dysgraphic <input type="checkbox"/>	
4. NEUROLOGICAL DISORDER/CEREBRAL PALSY			
4a. Stiff muscles <input type="checkbox"/>	4b. Weak muscles <input type="checkbox"/>	4c. Epileptic <input type="checkbox"/>	4d. Poor Co-ordination <input type="checkbox"/>
5. SPEECH DISORDER(S)			
5a. Fluency disorder <input type="checkbox"/>	5b. Voice Disorder <input type="checkbox"/>	5c. Articulation Disorder <input type="checkbox"/>	

Every reasonable attempt will be made to provide you with the assistance you may need as a result of your disability. You must provide the University with the necessary information about your disability status at the time of your application. If you do not, the University cannot undertake to provide such assistance.

Religious affiliation (please tick✓)

Christian Hindu Islamic Jehovah's Jewish None
 Other (please specify)

F. Citizenship details

Are you a Swazi citizen? Yes No
 If no, are you a permanent resident? Yes No
 If not a Swazi resident, please state nationality
 If you are not a Swazi, please supply Passport number

Please note that International applicant may not register at the University without a study permit

G. Previous activities

Sports Involvement: Please state in which sports you have participated (if any), and at what level:

	SPORT	LEVEL
1.	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>

What has been your **main activity** in 2018? (e.g. working / student / school)

EMPLOYMENT OR OCCUPATION

- College Student
- Technical College
- Military training
- Non-academic course
- Nursing
- Post metric schooling
- Primary School
- Secondary School
- Teacher Training College
- Travel Scholarship
- Pastoral Care
- Technical Institute
- Technikon
- Overseas
- University
- Other

Have you ever been convicted and sentenced for a crime in a formal court? Yes No

H. Residential accommodation

You must complete this section only if you want to apply for residence accommodation AND you are not already a SANU student
 If you are already a SANU student and you want to apply for residence accommodation, you should apply directly to your preferred residence.
 Accommodation available (please tick the appropriate box):

Non-Catering accommodation – males only	<input type="checkbox"/>	Catering Accommodation Male	<input type="checkbox"/>
Non-Catering accommodation – females only	<input type="checkbox"/>	Catering Accommodation Female	<input type="checkbox"/>

If you are a first year student and are admitted to University accommodation, you will have to share a room.

Please note: Residence applications close on 28 July 2019, after this date applications will not be considered. You are NOT eligible to reside in University accommodation if you are not registered for a full curriculum or if you are a part-time or occasional student

I. Indemnity And Undertaking

Applicants under the age of 21 years old must be assisted by their parent or guardian (must be the same person listed under next-of kin on page 2)

LEGAL DECLARATION OF INDEMNITY AND UNDERTAKING

I, THE APPLICANT, AND I, THE PARENT / GUARDIAN / NEXT –OF-KIN OF THE APPLICANT-

- (1) Acknowledge that the University does not accept responsibility for damage or loss in respect of property of the applicant or in respect of property brought onto University premises by the applicant.
- (2) Do hereby indemnify the University in respect of any damage caused by the applicant to University property or to the property of third parties, whether on or off the University premises, as a result of the applicant’s actions either whilst on the University premises or whilst engaged in any activity related to the University.
- (3) Undertake, during the orientation period and for any period during which I am registered student, to be bound by the rules and regulations of the University for the time being in force, including the rules and regulations of any University residence, club or society to which I may be admitted or become a member and by any requirements or conditions imposed by the University on me as a prerequisite to my registration as a student of the University in any faculty.
- (4) Certify that the information provided in this form and all supporting documentation is accurate and acknowledge that furnishing any false information may result in disciplinary proceedings being taken against the applicant.
- (5) Declare that I have furnished the University will all the information necessary to make an informed decision about my admission.
- (6) Undertake to pay unconditionally all fees, charges and equipment surcharges payable to the University as they fall due for payment, for any period for which I am or may become a registered student or the applicant is or may become a registered student of the University.

FINANCIAL AID APPLICANTS (if you are not a financial aid applicant skip 7 and 8 below):

- (7) I consent to my examination results being made available to the relevant bursary donor(s) and / or lenders
- (8) I understand that if I am unable or unwilling to accept the terms and conditions of the offer of a loan, the offer will be withdrawn.

ALL APPLICANTS MUST SIGN BELOW – Thank you

Signature of applicant:..... Date:.....

AND, if the applicant is under the age of 21 years, assisted by (full name of parent or legal guardian or next-of-kin):

.....

First name..... Last name / surname:.....

Signature:..... Date:.....

J. Mode of Payment

BANK DEPOSIT	TELEGRAPHIC TRANSF	EFT

CODES required for completing the application form on page 1

Degree / Diploma / Certificate (Programme) Choice

Degrees

Bachelor of Education in Leadership and Management of Special and Inclusive Education	B.Ed LMIE
Bachelor of Education in Special and Inclusive Education	B.Ed SIE
Bachelor of Science in Medical Laboratory Science	BMLS
Bachelor of Science in Nursing Anaesthesia (Completion Programme)	BSNA
Bachelor of Science in Nursing & Midwifery	BSNM
Bachelor of Theology	BTh

Diplomas

Diploma in Early Childhood Care & Development: Foundation Phase	ECCD
Diploma in Pharmacy	Dip.Pharm
Diploma in Theology	Dip.Th
Primary Teacher's Diploma	PTD
Post-Diploma Certificate in Midwifery Nursing Science	PDCMNS
Diploma in Entrepreneurial and Business Management	Dip.EBM

Certificate

Christian Worker's Certificate	CWC
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Checklist for applicants – please complete!**Application Fee**

APPLICANTS are required to pay an **application fee**. **Local applicants: E345** and **International Applicants: E690 (US\$55)**.

Methods of payment:

1. Deposit exact amount into University's Account

Details are:

Local Bank Details	International Bank Details
Name of the Bank: Swaziland Building Society	: Standard Bank
Type of Account : Collection	: Business Cheque Account
Account Number : 120198455	: 9110000717277
Branch Code :	: 660564
Swift Code :	: SBICSZMX
Branch Name :	: Manzini
Account Name : SANU – Application Fee	: SANU – Application Fee

2. All payments to be made directly to the bank, if you are in Swaziland.
3. Applicants outside Swaziland may use the other payment methods as mentioned in the Application Form.

Before you Submit your application...

- I have enclosed my application fee (deposit slip).
- I have included my certified ID copy.
- I have indicated a degree / diploma (programme) choice (page 1).
- I have signed this form (page 5).
- I have included all documents and certified copies of transcripts required (Police, Commissioner of Oaths or Magistrate Courts may certify documents).
- I understand that my application will be considered incomplete if I have not adhered to these requirements.

N.B. FAXED COPIES ARE NOT ACCEPTABLE

Please return form to: Student Admissions Office, Southern Africa Nazarene University P.O. Box 6800, Manzini, M200