

**UNIVERSITY OF KWAZULU-NATAL STUDENT EXCHANGE (UKZNSEP)**

**APPLICATION FORM**

|  |
| --- |
| **Applicant’s Personal Details:** |

**First Name:** ...........................................…

**Surname:**..................................................

**1. General Information:**

|  |  |
| --- | --- |
| Student number: | Campus: |
| College: | School: |

|  |  |
| --- | --- |
| Degree programme: | Academic year: |

**2. Personal Profile:**

|  |  |  |
| --- | --- | --- |
| Sex:  Male  Female | Date of birth | Country of birth |

|  |  |  |
| --- | --- | --- |
| Citizenship | Passport number | Date of expiry |

|  |  |  |
| --- | --- | --- |
| Postal Address:...................................................................................................................................................................................................................................................................................................................... | Residence / School TermAddress:...................................................................................................................................................................................................................................................................................................................... | Your contact details:**Tel:**.......................................**Cell:**......................................**Fax:**......................................**Email:** .................................**Alternate contact (Name & Contact Number:**…………..………………………………………… |

**Which year do you plan to complete your degree programme?**

……………………………….

Name of Principal Academic Officer: ………………………….. Signature: ………………………….. Date: …………………

**3. Institution selected:** …………………………………………………………………

1. Name of Module to be taken abroad: ……………………………………………………………………………………….

 Proposed Local Equivalent: ………………………………………………………………………………………………………

 Rationale: ………………………………………………………………………………………………………………………………

 ………………………………………………………………………………………………………………………………………………

 Comments by Academic Leader, School Teaching and Learning**:**

..................................................................................................................................................

 Signature and Name: ..................................................................................................................

2. Name of Module to be taken abroad: ……………………………………………………………………………………….

 Proposed Local Equivalent: ………………………………………………………………………………………………………

 Rationale: ………………………………………………………………………………………………………………………………

 ………………………………………………………………………………………………………………………………………………

 Comments by Academic Leader, School Teaching and Learning**:**

 ..................................................................................................................................................

Signature and Name: ..................................................................................................................

3. Name of Module to be taken abroad: ……………………………………………………………………………………….

 Proposed Local Equivalent: ………………………………………………………………………………………………………

 Rationale: ………………………………………………………………………………………………………………………………

 ………………………………………………………………………………………………………………………………………………

 Comments by Academic Leader, School Teaching and Learning**:**

.................................................................................................................................................Signature and Name: ..................................................................................................................

**Comments by Principal Academic Officer:** ………………………………………………………………………………

………………………………………………………………………………………………………………………………………………….

**Signature of Principal Academic Officer:** ………………………………………………………………………………

**Signature of Dean and Head of School:** …………………………………………………………….......................

**Date:** .....................................

**4. Important Prerequisites**

|  |  |
| --- | --- |
| \* Do you have any fees owing to the University of KwaZulu-Natal? Yes  No \* If yes, state the date by which you will settle it ...........................................................................................\* Are you on financial aid / sponsorship? Yes  No  \* If yes, name and contact details of sponsors/bursars.....................................................................................................................................................................................................………………………………………………………….....................................................................................................................................................................................................…………………………………………………………………………………..\* **Candidates on sponsorship to provide a letter of approval from their sponsors granting clearance to participate in the exchange** | **\*** What arrangements have you made for the payment of tuition fees to the University of KwaZulu-Natal **before** your departure abroad?........................................………………………………………………..  |

**5. Declaration**

I do declare to the best of my knowledge that the information furnished by me in this form is true and accurate. I understand that should any relevant information pertinent for the assessment of this form is false or omitted by me, UKZN International reserves the right to terminate this application without further notice.

Signature of applicant**:**...........................................................

Date**:**....................................................................................