

HOW TO COMPLETE THIS FORM

1. Please print boldly using block letters. All sections must be completed.
2. Use a black pen to fill out this form.
3. Fill-out in CAPITAL / UPPER-CASE.
4. Enclose one set of supporting documents with this application. (All documents must be certified by a recognised authority, eg school, university or Monash

- South Africa representative.) This application will not be processed unless full documentation is attached. Fax copies are NOT acceptable.
5. This application is the property of Monash South Africa. Supporting documentation will NOT be returned.
 6. Late applications will be accepted subject to availability of places.

STUDENT NUMBER: (For admin purposes)

AGENT / REPRESENTATIVE STAMP:

RETURN COMPLETED FORM TO: musa-admissions@monash.edu
PERSONAL DETAILS

Surname:	Given Names:
SA ID Number or Passport Number:	Sex: Female <input type="checkbox"/> Male <input type="checkbox"/>
Date of Birth: Day / Month / Year	Parent / Guardian Name:
Citizenship:	Country of Birth:
1. Do you have any physical and/or other disabilities or medical conditions that Monash should be aware of: Yes <input type="checkbox"/> No <input type="checkbox"/> If so please specify: _____ For more information on Disability Support, contact Student Development	
2. If you are not a South African citizen, do you have permanent residency in South Africa? Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. Have you previously applied to Monash South Africa? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, provide your Monash Student Number: <input type="text"/>

ADDRESS DETAILS

Postal Address:	Home Address:
Postal Code:	Postal Code:
Country:	Country:
Tel: Home () Business: ()	Cellphone:
Fax: Home () Business: ()	Emergency Contact Person Cellphone:
Email Address (please write clearly):	
Alternate Email Address (Parent/Guardian):	

PERSON RESPONSIBLE FOR PAYMENT OF FEES

Full Name:	Tel: Cell
Email Address:	Tel: Home
Postal Address:	Postal Code:
Country:	

PROGRAMME PREFERENCES
 (Please number in order of preference)

STARTING DATE

 Year in which you wish to begin your course:

 Semester 1 Semester 2

Programme applying for (Select below):	
<input type="checkbox"/> Foundation Programme	Stream: Social Science <input type="checkbox"/> Business <input type="checkbox"/> IT <input type="checkbox"/> Health <input type="checkbox"/> Law <input type="checkbox"/> Science <input type="checkbox"/>
<input type="checkbox"/> Diploma in Entrepreneurial & Small Business Operations	
<input type="checkbox"/> Bachelor of Social Science	Major (if known)
<input type="checkbox"/> Bachelor of Business Science	Major (if known)
<input type="checkbox"/> Bachelor of Business Science in Accounting	Major (if known)
<input type="checkbox"/> Bachelor of Commerce in Law	Major (if known)
<input type="checkbox"/> Bachelor of Computer and Information Sciences	Major (if known)
<input type="checkbox"/> Bachelor of Public Health	Major (if known)
<input type="checkbox"/> Honours Programme	Stream: Social Science <input type="checkbox"/> Business <input type="checkbox"/> IT <input type="checkbox"/> Health <input type="checkbox"/>
Honours Discipline (area of study)	
<input type="checkbox"/> Bachelor of Laws (LLB)	

ENGLISH LANGUAGE PROFICIENCY

Was English the language of instruction in previous studies completed? Yes <input type="checkbox"/> No <input type="checkbox"/>
If no, I will sit/have sat for and English language proficiency test: English test name: TOEFL <input type="checkbox"/> IELTS <input type="checkbox"/>
Date taken: Day / Month / Year Result (If known): TRF number:

SECONDARY AND POST SECONDARY STUDIES
SECONDARY STUDIES

Name of qualification	School	Country	Year completed

* Are you currently attempting final year qualification? Yes No If yes, please indicate the date results will be available: Day / Month / Year

Name of exam	School	Examination Number	Centre

TERTIARY STUDIES

Year of commencement:	Degree/Qualification:	Institution:	Country	Year completed/or last attempt

Original or certified copies of statements / transcripts must be submitted and must include failures (if any).

Are you currently awaiting results of post-secondary studies undertaken this year Yes No

If yes, please indicate the date the results will be available: Day / Month / Year

Name of institution and qualification:

To apply for credits for previous study, complete the application for advanced standing form available at www.msa.ac.za/study/apply/credit-previous-study/

IMPORTANT CHECKLIST To be completed by all applicants

Have you written your email address clearly? <input type="checkbox"/>	Have you completed the application form in full? <input type="checkbox"/>	Office use only
Have you attached a certified copy of your Identity Document? <input type="checkbox"/>		
Have you included original or certified copies of results, qualifications, transcripts and English language proficiency, etc? <input type="checkbox"/>		
Have you signed and dated the application form? <input type="checkbox"/>		

DECLARATION AND SIGNATURE

I herewith consent to the collection and processing of my personal information for the purposes of my academic progression, administration, support services and governance purposes during my term of study.

I consent that the information might be supplied by Monash South Africa to a third party or service provider to collect, process and publish my personal information in any format as Monash South Africa, such third party service provide may deem necessary, or may be required to do in the conduct of its responsibilities or by law.

I furthermore agree and acknowledge that my consent extended to Monash South Africa as aforesaid is irrevocable and I waive all claims against Monash South Africa and indemnifies Monash South Africa for any damage or loss suffered from whatsoever cause arising while I am, or as a consequence of me being a Monash South Africa student.

Signature : _____ Date Day / Month / Year _____

OFFICE USE ONLY				P	CO	O	R	P	CO	O	R
Application checked and captured: _____				Decision: _____	Decision: _____						
MSA Representative Name: _____				Sign: _____	Sign: _____						
Admission Staff Name: _____				Date: _____	Date: _____						
CRM Unique Code: _____				Captured by: _____	Captured by: _____						
Date Received: _____				Letter date: _____	Letter date: _____						
Source: <input type="checkbox"/> Email <input type="checkbox"/> Online <input type="checkbox"/> Walk-In <input type="checkbox"/> Open Day <input type="checkbox"/> Post				Note: _____	Note: _____						
<input type="checkbox"/> Other _____											