

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

CONTACT INFORMATION

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 | | | | | | | | | | | |
| 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: <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> | | | | | | | | | | |
| | | | | | | | | | | | |
| Professional Registration Body: | Professional Registration Number: | | | | | | | | | | |

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: | |

PROGRAMMES

Please number the programmes you are interested in, in order of preference. Include the preferred start date of the selected courses.

| Programme applying for | Start Date | Programme applying for | Start Date |
|--------------------------|--------------------|--------------------------|--------------------|
| <input type="checkbox"/> | Day / Month / Year | <input type="checkbox"/> | Day / Month / Year |
| <input type="checkbox"/> | Day / Month / Year | <input type="checkbox"/> | Day / Month / Year |

Monash South Africa reserves the right to amend intake arrangements.

ENGLISH LANGUAGE PROFICIENCY

Was English the language of instruction in previous studies completed? Yes No

If no, I will sit/have sat for English language proficiency test: English test name: TOEFL IELTS

Date taken: Day / Month / Year Result (if known): TRF number:

SECONDARY AND TERTIARY 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

* Original or certified copies of statements / transcripts must be submitted including failures

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

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/credit-for-previous-study/

RELATED WORK EXPERIENCE

Employer:

Position: Length of employment:

Brief job description:

Is english the predominant business language in your workplace? Yes No

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 |
| Are you 24 years or older? <input type="checkbox"/> | 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 attached a certified marriage certificate? * Necessary for students who have changed their surname by marriage. <input type="checkbox"/> | | |
| Have you included certified copies of qualifications, English language proficiency and CV, etc? <input type="checkbox"/> | | |
| Have you signed and dated the application form? <input type="checkbox"/> | | |

TERMS AND CONDITIONS

1. I have read MSA's rules, statutes, regulations, policies and procedures and the relevant course information provided including course structure and requirements and undertake to abide thereto.
 2. I warrant that the information I have entered on the online application form, or provided in support of my application, is correct and complete.
 3. I acknowledge that the provision of incorrect information or the withholding of relevant information relating to my application, including academic transcript/s may result in MSA refusing to assess my application, withdrawing an offer of a place or cancelling my enrolment.
 4. I agree to pay all fees and charges due and payable by me to MSA, which includes:
 - 4.1 any arrears and interest on arrears;
 - 4.2 and any costs of recovery, including attorney-and-client scale fees and/ or collection commission;
 - 4.3 fees even if I do not make use of MSA's facilities if I do not inform MSA in writing of withdrawal from studies or a course by the prescribed date(s).
 5. I am aware of the estimated total course fees at MSA and living costs. I understand that the total course fees do not cover the cost of books, materials, field trips or any additional cost related to my course, unless otherwise specified.
 6. Should MSA determine that I have submitted incorrect information or a false document, I consent to MSA disclosing this information to other relevant tertiary institutions.
 7. I consent to any educational institution at which I have been a student and/ or my current or any past employer, providing MSA with information which that institution or employer holds about me for the purpose of MSA verifying my attendance, conduct, grades and/ or qualifications or experience in order to assess my eligibility for an offer and/ or enrolment.
 8. I understand that if any educational body or institution does not supply these records, it may impact the assessment by MSA of my application.
 9. I agree that MSA may cancel my admission if its continuation may, in the option of MSA, place MSA in breach of any applicable law, including any law that implements UN sanctions.
 10. I have read MSA's statement on privacy and the purposes for which my personal information will be used and I understand, accept and agree that MSA:
 - 10.1 may keep and process data and documents in electronic format, including the personal data supplied by me in any admission form and my image and fingerprints (both to be used solely for identification purposes);
 - 10.2 may use and transfer such data and use such documents in electronic or other formats, including submission of data for the National Learners' Record Database and other returns as required by the Department of Higher Education and Training;
 - 10.3 may place my records of qualifications awarded in the public domain;
 - 10.4 may process my personal information in accordance with its rules and policies for academic and administrative purposes, including disciplinary processes and that MSA may use electronically generated documents in place of the originals signed by me.
- For international students intending to study at MSA, the following applies in addition to the above declaration statement:**
11. I declare to have sufficient funds to support myself and my family unit members (if applicable) for the TOTAL period of my studies including proposed course fees for myself and any school-aged family members, Overseas Student Health Cover, living costs and travel costs, regardless of whether my dependents intend to accompany me.
 12. I declare that I am medically and physically fit to undertake full time studies.
 13. I declare that I am aware of the applicable study visa requirements to commence with my studies at MSA. In the event MSA forms the opinion that I did not adhere to the visa requirements MSA may refuse to assess my application, withdraw an offer of a place or cancel my confirmation of enrolment.
 14. I waive all claims against MSA and indemnifies MSA of any damage or loss suffered from whatsoever cause arising while I am, or as a consequence of me being a MSA student.
 15. If I am a minor, I have the consent of my parent(s) / guardian to submit this form.

Signature : _____ Date Day / Month / Year

OFFICE USE ONLY

Application checked and captured: _____
 MSA Representative Name: _____
 Admission Staff Name: _____
 CRM Unique Code: _____
 Date Received: _____
 Source: Email Online Walk-In Open Day Post
 Other _____

| P | CO | O | R | P | CO | O | R |
|---|----|---|---|---|----|---|---|
| | | | | | | | |

Decision: _____ Decision: _____
 Sign: _____ Sign: _____
 Date: _____ Date: _____
 Captured by: _____ Captured by: _____
 Letter date: _____ Letter date: _____

Note: _____ Note: _____