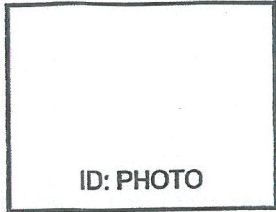




APPLICATION FOR ADMISSION



		OFFICE USE: STUDENT NUMBER										
SECTION A: INDICATE THE PREFERRED COURSES OF STUDY . Mark with "X"										FT	PT	
NEW Applicant	Choice 1:											
	Choice 2:											
International Applicant	New	Choice 1:										
		Choice 2:										

SECTION B: PERSONAL INFORMATION											
Mr./Mrs./Miss/Dr/Prof				Surname							
Initial(s)				First Name(s)							
Maiden name(if applicable)											
Date of Birth		DD	MM	YYYY	SA Identity document number. (Only)						
Gender Race		Male	Female	Black	White	Colored	Indian	Other			
Marital Status		Married	Divorced	Widowed	Single						
Nationality		SA citizen		If not SA citizen, indicate status from below:							
(A) African (African Country)		(F)Foreign(outside Africa)		(R)Refugee							
(E)Exchange student		(N)Permanent resident		Passport number							
Study permit no.		Date of Expiry		DD	MM	YYYY					
SECTION C: CONTACT DETAILS (COMPULSORY). YOUR APPLICATION CANNOT BE PROCESSED WITHOUT THIS INFORMATION.											
Postal Address										Postal code	
Province if residing in SA											
Telephone no.		Code		Cell phone no.							
E-mail Address											
Physical Address (Street or Administrative Area)											

SECTION D: PARENT OR NEXT OF KIN INFORMATION.											
Surname											
Initial(s)		Full name(s)									
Relationship		Parent(Mother)		Parent(Father)		Next of Kin					
Postal Address										Postal Code	
Cell:											
Home Address/Physical Address											
SECTION E: CURRENT ACTIVITY: WHAT ARE YOU DOING THIS YEAR?											
High School		Studying College		Studying College		Other, Specify					

SECTION F: PHYSICAL LIMITATION(S) - CONFIDENTIAL			
PTI is sensitive to challenge(s) and limitation(s). In order to provide you with the necessary services; you need to indicate your disability status at the time of your application. If you do not inform us, PTI cannot undertake to provide assistance. Every reasonable attempt will be made to provide you with assistance you may need as a result of your disability.			
Are you physically challenged?	YES	NO	if YES, please specify below:
Blind or Partially sighted	Hearing problem or even wearing hearing aid		Communication (taking /listening)
Physical (moving, standing, grasping)	Intellectual (difficulty learning)		Emotional (behaviour/psychological)
Other(s) not mentioned above, please USE a separate sheet to explain.			
SECTION G: POST SCHOOL ACADEMIC ACTIVITIES-QUALIFICATIONS OBTAINED:			
Attach certified copy(s) of certificates obtained after you passed Matric of Grade 12 to this application form. If you want to apply for exemption for course(s)/modules from another institution, consult the Faculty Office for application form.			

SECTION H: CURRENT YEAR GRADE 12 SCHOOL CHILDREN / ADULTS
Attach certified copy of your June Grade 12 results to this application form.
SECTION I: DECLARATION BY THE APPLICANT AND PARENT / GUARDIAN:
<p>Applicant:</p> <ol style="list-style-type: none"> I declare that all particulars given by me on this application form are true and correct. I agree that any misrepresentation provided on this form or the withholding thereof shall cause this application to become null and void at the discretion of the college without prejudice to rights. If my application is successful, I undertake to: <ol style="list-style-type: none"> Comply with the rules and regulations of the College. Inform Registrar immediately in writing of any change of address by me. Acquaint myself with the rules and general regulations relating to the programme to which I am admitted. I am fully aware that the College is under no obligation to provide me with either financial assistance or accommodation. I acknowledge that all fees have been determined by the Council of the College. I agree that the relevant fees will be paid as indicated in the rules/Prospectus of the College. If such fees are not paid, I acknowledge the rights of the College to cancel my registration at any time and demand payment of the amounts owing by me and/or my parents or Guardian. should, during the course of my studies at the College, sustain any injuries or contract any illness or suffer any loss or damage, I undertake not to institute any claim against the College on account thereof, irrespective of the cause of such damage or loss. In the event of my death during the course of studies, this undertaking shall be binding on the executor of my estate and my heir and successor-in-title. Under the circumstances referred to above, I or executor, administrator, heir(s) and successors-in-title hereby indemnify the College in respect of any damage(s) suffered by me arising from any causes referred to above.

Signature of Applicant	Date	DD	MM	YYYY	Place
Parent/Guardian: I, Mr./Mrs./Miss/Dr/Prof _____ hereby grant permission for the declaration and undertaking made by the applicant, and I accept joint and several liabilities as co-principal debtor with the applicant for the payment of all fees due by him/her to the College.					
Signature of Parent/Guardian	Date	DD	MM	YYYY	Place

SECTION H: DO YOU NEED ACCOMMODATION TO STAY WHILE STUDYING?	YES	NO
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OFFICE USE ONLY					
FINANCE DEPARTMENT: CONFIRMATION OF PAYMENT OF APPLICATION FEE					
AMOUNT PAID: R	DATE PAID:	DD	MM	YYYY	REFERENCE NO:
PAYMENT CHECKED BY:					OFFICE STAMP
SURNAME: _____ INITIAL(S): _____					
SIGNATURE: _____					

FAX / E-MAIL THE COMPLETE FORM TO 086 724 1036 OR

info@polokwnetchnology.co.za OR P.O. Box 6263 Polokwane North, 0750, Limpopo

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