

## ACADEMIC APPLICATION FOR ADMISSION TO STU DY [2023]

## 

- **ATTACH CERTIFIED COPIES OF ACADEMIC CERTIFICATES, INCLUDING NATIONAL IDENTITY DOCUMENT.**
- $\ensuremath{\boxtimes}$  AN APPLICATION FEE OF E250 IS TO BE PAID ON SUBMISSION OF FORMS

1. TITLE: MR/MRS/MISS (Tick one) 2. SURNAME 3. FIRST NAME(S) 4. MAIDEN SURNAME 5. DATE OF BIRTH 6. CITIZENSHIP 7. IDENTITY NUMBER 8. CORRESPONDENCE ADDRESS: (Response to your application will be sent to this address) P.O. BOX / PRIVATE BAG: TOWN / CITY:	SECTIO	)N	A ·	PE	RS	ON	ΑI	DF	ΞΤΑ	П	<u> </u>																				
2. SURNAME  3. FIRST NAME(S)  4. MAIDEN SURNAME  5. DATE OF BIRTH  6. CITIZENSHIP  7. IDENTITY NUMBER  8. CORRESPONDENCE ADDRESS: (Response to your application will be sent to this address) P.O. BOX / PRIVATE BAG:  TOWN / CITY:												nne`	`																		
3. FIRST NAME(S)  4. MAIDEN SURNAME  5. DATE OF BIRTH  6. CITIZENSHIP  7. IDENTITY NUMBER  8. CORRESPONDENCE ADDRESS: (Response to your application will be sent to this address) P.O. BOX / PRIVATE BAG:  TOWN / CITY:							KS/	1011	33 (	(11)	CK	JIIC,	,																		
4. MAIDEN SURNAME  5. DATE OF BIRTH  6. CITIZENSHIP  7. IDENTITY NUMBER  8. CORRESPONDENCE ADDRESS: (Response to your application will be sent to this address) P.O. BOX / PRIVATE BAG:  TOWN / CITY:															Π					Π			Π							Г	Т
4. MAIDEN SURNAME  5. DATE OF BIRTH  6. CITIZENSHIP  7. IDENTITY NUMBER  8. CORRESPONDENCE ADDRESS: (Response to your application will be sent to this address) P.O. BOX / PRIVATE BAG:  TOWN / CITY:																													L	L	
5. DATE OF BIRTH  6. CITIZENSHIP  7. IDENTITY NUMBER  8. CORRESPONDENCE ADDRESS: (Response to your application will be sent to this address) P.O. BOX / PRIVATE BAG:  TOWN / CITY:	3.	[F]	RS	TN	IAN	ME(	<u>S)</u>	_							_	_		_	_	_		_	_		_			_			_
5. DATE OF BIRTH  6. CITIZENSHIP  7. IDENTITY NUMBER  8. CORRESPONDENCE ADDRESS: (Response to your application will be sent to this address) P.O. BOX / PRIVATE BAG:  TOWN / CITY:																															
6. CITIZENSHIP  7. IDENTITY NUMBER  8. CORRESPONDENCE ADDRESS: (Response to your application will be sent to this address) P.O. BOX / PRIVATE BAG:  TOWN / CITY:	4.	M	AI	DE]	N S	UR	NA	MI	Ξ											_			_								
6. CITIZENSHIP  7. IDENTITY NUMBER  8. CORRESPONDENCE ADDRESS: (Response to your application will be sent to this address) P.O. BOX / PRIVATE BAG:  TOWN / CITY:																															
6. CITIZENSHIP  7. IDENTITY NUMBER  8. CORRESPONDENCE ADDRESS: (Response to your application will be sent to this address) P.O. BOX / PRIVATE BAG:  TOWN / CITY:																															$\perp$
7. IDENTITY NUMBER  8. CORRESPONDENCE ADDRESS: (Response to your application will be sent to this address) P.O. BOX / PRIVATE BAG:  TOWN / CITY:	5.	D	AT	ΕC	F E	3IR′	ТН																								
7. IDENTITY NUMBER  8. CORRESPONDENCE ADDRESS: (Response to your application will be sent to this address) P.O. BOX / PRIVATE BAG:  TOWN / CITY:																															
7. IDENTITY NUMBER  8. CORRESPONDENCE ADDRESS: (Response to your application will be sent to this address) P.O. BOX / PRIVATE BAG:  TOWN / CITY:	6		  TTI	ZEN	JSI	TID 																									$\perp$
8. CORRESPONDENCE ADDRESS: (Response to your application will be sent to this address) P.O. BOX / PRIVATE BAG:  TOWN / CITY:	0.	<u> </u>	1112		101	111									Т	Г			Т	Т		Г	Т			Τ	Т			$\Box$	Т
8. CORRESPONDENCE ADDRESS: (Response to your application will be sent to this address) P.O. BOX / PRIVATE BAG:  TOWN / CITY:																															
BOX / PRIVATE BAG: TOWN / CITY:	7.	II	EN	ITI	ΤΥ	NU	M	BEI	{																						
BOX / PRIVATE BAG: TOWN / CITY:																															
BOX / PRIVATE BAG: TOWN / CITY:	8.	CO	)RF	RES	SPO	ND	EN	ICE	AI	DD	RE.	SS:	(R	esp	ons	e to	yoı	ır a	ippl	icat	ion	wi	11 b	e se	nt	to t	his a	addi	ress	s) P	.O.
																															_
COVINEDAL			-	ГΟΊ	WN	/ C	TT	Y:	_																				_		
COUNTRY:		CO	OUI	ITV	RY:							_																			
9. PHYSICAL ADDRESS:	9.	PF	IYS	SIC	AL	AD	DF	RES	S:																						_
																													$\Box$		
	10	TE		DLI	ON	E N	<u> </u> יו זוג	MP	ED	[ <u>[</u> ]		//F																			



11.	TE	LEI	PHON	VE N	NU.	MB	BER	[ W	VOI	RK	]																		
10		77. 7	DIIO		NIT I																								
12	. С	SLL.	PHO]	NE I	NU	IVII	3EK			<u> </u>			_	_	_	_	_	_	_	_	_	_	_	_	_	_	_		
13	. EN	ΛAΙ	L																								_		
	ш																												
SECTIO	ON I	B : 1	NEX ]	OI	FK	IN	DE	ΓAl	ILS																				
1.	<ol> <li>TITLE: MR/MRS/MISS (Tick one)</li> <li>SURNAME</li> </ol>																												
								(		,	,																		
																Π	Π												
3.	FI	RST	NAI	<u> </u> МЕ(	<u>(S)</u>	_							_		_		_		_	_	_	_	_						
													Π			Τ	Τ				Π		Π						
4	Щ	ENI	 TITY	NII I	D. 40	DE																							
4.	חו	EN	111 Y	NU	JIVI.	BE	K				1		_	Т	П	_	Т	_	_	_	_	П	_	T					
5. C	OR	RES	SPON	DE	NC	E A	ADI	ORE	ESS																				
P.	O. E	3OX	/ PR	IVA	ΑTΙ	EΒ	AG:	:		_																			
		T	OWN	1 / C	CIT	Y:	_																				_		
	CC	UN	TRY	:						_																			
6. P	HY	SIC	AL A	DD	RE	SS	:																			_			
7.	TE	LEF	PHON	IE N	IUN	MB	ER	<u> </u> H	ON.	1E	<u> </u>						_								_		$\overline{}$	_	$\neg$
_	TE	LEF	PHON	IE N	\U	MB	ER	[ W	/OI	RK	]																		_
L	CE	LLF	PHON	1E N	JU [UV	MB	ER																	Ш					
																											$\Box$		
10	EM	<u> </u> ΓΔ ΙΙ																											
[	1014	17 111	_					Т																			$\neg$		$\neg$
8.																													
Q																													

**Advanced School of** 



SECTION	C : CHOICE OF STUDY			
FIRST CI	HOICE			
SECOND	CHOICE			
MOTIVA'	TION ( Why these programme	es)		
_				
SECTION	D: INFORMATION OF AP	PLICANT		
				(Tick)
A HIGH	SCHOOL LEAVER WHO H	AS DONE O'LE	VEL/IGCSE/HIGCSE/SGCSE	
A HIGH	SCHOLL LEAVER WHO H.	AS DONE SOUT	TH AFRICAN SENIOR CERTIFICATE	
A HIGH	SCHOOL LEAVER WHO H	AS DONE 'A' L	EVEL/EQUIVALENT	
A CAND	DIDATE WHO HAS A POST	HIGH SCHOOL	PROFESSIONAL QUALIFICATION	
1. PC	OST HIGH SCHOOL INSTIT	UTIONS ATTEN	IDED (i.e. technikon, university, college	etc)
			QUALIFICATION	
	NAME OF INSTITUTION	DURATION OF STUDY		





## SECTION E : FINANCIAL INFORMATION

SURETY ( PLEASE READ CAREFULLY )

I THE SIGNATORY (HEREIN REFERRED TO AS THE 'SURETY') TO THIS APPLICATION, OTHER THAN THE STUDENT, HEREBY BIND MYSELF AS SURETY & CO-PRINCIPAL DEBTOR JOINTLY & SEVERALLY FOR & WITH THE STUDENT (THE PRINCIPAL DEBTOR) IN FAVOUR OF THE ADVANCED SCHOOL OF INFORMATION TECHNOLOGY, FOR THE PAYMENT OF ALL DEBTS & DUE FULFILMENT OF ALL OBLIGATIONS OF WHATEVER NATURE & HOWEVER ARISING WHICH THE STUDENT MAY NOW OR HEREAFTER OWE TO THE ADVANCED SCHOOL OF INFORMATION TECHNOLOGY.

I UNDERTAKE NOT TO INSTITUTE ANY CLAIM AGAINST THE INSTITUTION ON ACCOUNT OF ANY INJURIES OR LOSS SUFFERED OR ILLNESS CONTRACTED BY THE APPLICANT DURING THE COURSE OF OR ARISING DURING HIS/HER STUDIES AT THE INSTITUTION. I AGREE THAT THE INSTI-TUTION, THROUGH ITS ENDORSEMENT BY THE SWAZILAND HIGHER EDUCATION COUNCIL MAY AMEND ANY REGULATIONS, POLICY, OR PROCEDURE AND THAT I SHALL BE BOUND TO ANY SUCH AMENDMENTS. I SUBMIT THAT ALL INFORMATION CONTAINED HEREIN IS TRUE & CORRECT TO MY KNOWLEDGE.

	TITLE: MR/MRS/MISS (Tick one)																						
	SU	JRN	IAI	ME																			
	FIRST NAME(S)																						
	IDENTITY NUMBER																						
	IDENTITY NUMBER																						
	CORRESPONDENCE ADDRESS																						
P.	O. E	3OX	( / F	PRI	VA	TE	BA	\G:			_												
		T	OW	ΙN	/ C	ITY	7.	_															
	CO	OUN	ITF	RY:							_												
		IYS																			 		_
	TE	ELE	PH	ON	EN	<b>IUN</b>	MB)	ER	[ H	ON	1E	]											







T	TELEPHONE NUMBER [ WORK ]																						
С	CELLPHONE NUMBER																						

Advanced School of Information Technology Page | 4

EMAIL								
SIGNED AT		ON T	THIS	DA	Y OF_	 	_	20
Signatur	۵۰							
Signatui	·							
SECTION F: MATERIALS CHEC	CKLIST							
TO BE COMPLETED BY ASI	T STAFF					(7	Γick)	
COMPLETED ALL SECTIONS								
CERTIFIED COPIES OF IDENT	TY DOC	UMENT	ΓS					
CERTIFIED COPIES OF ACADI	EMIC CE	RTIFICA	ATES					
CERTIFIED COPY OF PROOF (	F PAYM	ENT						



