



NAMIBIA UNIVERSITY OF SCIENCE AND TECHNOLOGY

Department: Corporate Engagement and Internationalisation
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Email: skambrude@nust.na; ygeises@nust.na

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|---|---|--|--|--|--|--|--|--|--|--|--|
| Date received | For Office Use Only _____ _____ _____ _____ _____ | | | | | | | | | | |
| Biographical computed (Initials) | | | | | | | | | | | |
| Admission Status computed (Initials) | | | | | | | | | | | |
| Exchange Student | | | | | | | | | | | |
| Freemover | | | | | | | | | | | |
| STUDENT NUMBER: | | | | | | | | | | | |
| <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> </tr> </table> | | | | | | | | | | | |
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APPLICATION FOR ADMISSION INCOMING EXCHANGE STUDENTS AND FREEMOVERS

ACADEMIC YEAR APPLIED FOR: _____

| | |
|----------------------------|---|
| Tick the relevant semester | <input type="checkbox"/> First Semester (February to June) |
| | <input type="checkbox"/> Second Semester (July to November) |

INSTRUCTIONS FOR THE COMPLETION OF THE FORM

- This form may **only** be used by exchange students and freemovers.
- Complete the form in **BLOCK LETTERS** in **BLACK INK** or **ELECTRONICALLY**. Where a choice is given, mark only the appropriate answer with a tick (✓).
- Exchanges only take place where a Memorandum of Understanding/Agreement has been signed between the NUST and the home institution.
- Students participating in exchanges must be nominated by their home institutions.
- Tuition fees are waived, but students will be required to pay a non-refundable registration fee.
- Freemovers should pay registration and tuition fees.
- Students are responsible for their own living cost, including accommodation, meals, transport, health insurance and study permit fees.

- APPLICATIONS AND ENQUIRIES OPEN:**
Semester 1 (February - June): 01 September
Semester 2 (July – November): 01 April

- APPLICATION DEADLINE:**
Semester 1: 15 November
Semester 2: 15 June

This application form should be submitted electronically to skambrude@nust.na or ygeises@nust.na

PART 1 PERSONAL DETAILS

| | | | | | | | | | |
|------------------------------|--|---------|------|--------------------------|--------|--------------------------|-------------------------------|--|--|
| Title (e.g. Mr, Ms, Dr, etc) | | Surname | | | | | | | |
| First name(s) | | | | | | | Previous surname (if changed) | | |
| Date of Birth | | Gender: | Male | <input type="checkbox"/> | Female | <input type="checkbox"/> | | | |

Please provide the following details:

| | | | | | |
|-------------------|--|-----------------|--|-------------|--|
| Country of origin | | Passport Number | | Expiry date | |
|-------------------|--|-----------------|--|-------------|--|

PART 2 CONTACT DETAILS

| Own address | | | Address of Parents/Guardian/Next of kin | | |
|------------------|------|--------|--|------|--------|
| Name | | | | | |
| Postal Address | | | | | |
| Home Town | | | | | |
| Country | | | | | |
| Email | | | | | |
| Own Phone Number | | | Phone Number of Parents/Guardian/Next of kin | | |
| Home | Work | Mobile | Home | Work | Mobile |
| | | | | | |

Address for Examination Results Delivery (if not available, please provide before writing examinations)

| | | |
|----------------|--|--|
| Name | | |
| Postal Address | | |
| Home Town | | |
| Country | | |
| Email | | |

FOR OFFICE USE ONLY

Accepted/Not Accepted

Head of Department

Registrar

PART 3 LANGUAGE PROFICIENCY

Please rate your language proficiency: Fair, Good or Excellent

| Language | Reading | Writing | Speaking |
|----------|---------|---------|----------|
| English | | | |
| Other | | | |
| | | | |
| | | | |

PART 4 PHYSICAL CHALLENGES

NUST strives to create opportunities for people with disabilities. In many instances we have not yet eliminated all the barriers, it would therefore be helpful for us to know in advance whether or not you have any special needs so that we can work together to achieve equal access to the programme. Please supply us with the following information.

Indicate whether you are physically challenged: Yes No If your answer is "yes" tick (✓) the appropriate challenge you are experiencing.

| | |
|--------------------------|--|
| <input type="checkbox"/> | Visually impaired: blind |
| <input type="checkbox"/> | Visually impaired: partially blind – find it difficult to read printed text. Cannot study through reading. Need help in the form of audio cassettes, enlarged print. |
| <input type="checkbox"/> | Deaf |

| | |
|--------------------------|---|
| <input type="checkbox"/> | Wheelchair bound |
| <input type="checkbox"/> | Muscular/skeletal/joint/limb deficiencies / diseases, such as polio or muscular dystrophy |

State any other challenge you might experience:

PART 5 ACADEMIC BACKGROUND

Proposed major field(s) of study at the Namibia University of Science and Technology

I intend to study within the following field(s). Consult the relevant Year Book(s) <https://www.nust.na/documents-and-forms>

I intend to enroll for the following courses. Consult the relevant Year Book(s) for courses at <https://www.nust.na/documents-and-forms>

| Name of Faculty | Course Code | Course Title | Credits |
|-------------------------------------|-------------|-------------------|---------|
| e.g. Faculty of Management Sciences | TGE510S | Tourism Geography | 12 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Present Studies

| | |
|---|--|
| Name of Degree in progress at home institution | |
| Number of Semesters completed in this degree by departure date to Namibia | |

This semester I am studying the following courses at the following higher education institution (home university)

| Name of Institution | Course Title | Credits |
|---------------------|--------------|---------|
| | | |
| | | |
| | | |
| | | |
| | | |

Previous Studies (attach a transcript of results)

| Name of Institution | Degree Title, level and/or main emphasis of studies | Dates of attendance (from- to) |
|---------------------|---|--------------------------------|
| | | |
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PART 6 DECLARATION AND UNDERTAKING BY APPLICANT

I/we, the undersigned hereby declare:

To the best of my knowledge and belief the information furnished in this application is true and correct and that if it be found to be false and misleading in any respect, this application may be invalidated and the applicant's registration terminated;

That I/we will accept liability for any damage to NUST property caused by me and indemnify NUST against any loss or damage howsoever caused in respect of property left at NUST by the applicant. I/we also indemnify NUST against any claim whatsoever for damages howsoever caused or arising which the applicant may sustain whilst registered as a students at NUST, acknowledging the Applicant's participation in any sporting or other activity at NUST or conveyance of the applicant in any NUST vehicle, shall be at the Applicant's sole and absolute risk. This indemnity shall be binding on the Applicant's Executors and Heirs;

That I/we shall abide by all regulations of NUST – and further that the applicants shall be under the disciplinary control of NUST as from the date on which he/she takes up residence at NUST or the day on which he/she commences studies or attends an orientation week or registers as a student, whichever is earliest, until NUST accepts a notice of withdrawal from me/us or the applicant fails to renew his/her registration on the due date;

That I/we accept that NUST keeps documents, including this Declaration and Agreement, electronically and distributes them as such. NUST shall at all times be entitled to utilize such documentation in electronic format for whatever purpose required and I/We agree that the electronically generated documents shall replace the originals signed by me;

That although NUST does not take any responsibility for informing parents or guardian or major fee contributor of disciplinary action against a student (whether pending or finalized), academic performance or any other matters relating to the student, NUST may in its discretion report to the parents or guardian or major fee contributor such breaches of the rules by the applicant as NUST deems necessary and further to report on any matter concerning progress, conduct, well-being or health of the applicant, and further that NUST may take all such steps as it considers reasonable in the event of the applicant becoming ill or requiring medical attention without NUST undertaking any legal obligation to do so.

For Free movers only:

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|--|
| <p>I/we, the undersigned hereby declare:</p> <ul style="list-style-type: none"> • That I/we agree to pay the total registration and tuition fees upon registration; • That a statement signed by the Bursar or his/her delegate shall represent the amount owing to NUST by me/us, and further that in the event of such amount being handed over for collection, I/we shall pay all legal charges incurred on the attorney and client scale; • That I/we shall pay all interest on all overdue fees, and disbursements at a rate of 15% per annum compounded monthly and calculated from the first day of each month following the date by which final payment of all fees and disbursements must have been made. |
|--|

Signature of Applicant:

Date:

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
| | | | | | | | |

DECLARATION BY PARENT / LEGAL GUARDIAN (if applicant is under the age of 21 or is a legal minor)

I agree and consent to the above declaration, undertakings, waiver and indemnity by the applicant. I consent to the applicant signing the registration forms if admitted. I hold myself jointly and severally liable with the applicant as co-debtor for all amounts due by the applicant to NUST until I notify NUST in writing to the contrary in which event such notification shall take effect only from the beginning of the following academic year. I irrevocably undertake that I shall not, in any capacity, hold NUST liable for any damage or loss which the applicant or any person may suffer under any of the circumstances set out in the applicants' declaration.

Signature by Parent / Legal Guardian:

Date:

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
| | | | | | | | |