

For statistical purposes, please provide the following:

Sex	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>	Home Language	<input type="text"/>
Religious Affiliation	<input type="text"/>					
Population Group	<input type="text"/>					

PROGRAMME OF STUDY

Please indicate with a cross:

Initial Application and Registration	<input type="checkbox"/>	Re-registration (if so, year of first registration)	<input type="text"/>	<input type="text"/>
---	--------------------------	---	----------------------	----------------------

Higher Certificate in Biblical Studies (HCBS)

Please indicate the modules (each module consists of two study guides) that the Applicant intends completing during the academic year (please note that a student may NOT register for more than four modules per year):

HCBS 101	<input type="checkbox"/>	HCBS 102	<input type="checkbox"/>	HCBS 103	<input type="checkbox"/>	HCBS 104	<input type="checkbox"/>
HCBS 105	<input type="checkbox"/>	HCBS 106	<input type="checkbox"/>	HCBS 107	<input type="checkbox"/>		

Plus, one of the following electives:

HCBS 108	<input type="checkbox"/>	HCBS 109	<input type="checkbox"/>
----------	--------------------------	----------	--------------------------

If a student attains less than 40% for the first semester module(s) (HCBS 101 and / or HCBS 102), that student MAY not be allowed to continue with the programme. If a student attains between 40 and 49 %, then the student will be required to write a supplementary assessment(s), in order to continue with the programme.

Fees Payable

A first-time Applicant MUST pay the initial application fee – a once-off, non-refundable fee. Those who are re-registering do NOT pay a re-registration fee.

For the fee payable for each module, please consult the St Augustine website, or obtain the necessary information from the Higher Certificate Co-ordinator (tel: +27 (0)11 380 9000; eMail: highercertificate@staugustine.ac.za).

Confirmation of payment for ALL modules for which registered (plus the initial registration fee, if required) MUST accompany this Application and Registration / Re-Registration Form.

APPLICANT'S CONTACT DETAILS

Home (Street) Address	<input type="text"/>					
	<input type="text"/>					
	<input type="text"/>		Postal Code	<input type="text"/>	<input type="text"/>	<input type="text"/>
Postal Address (if different to Home Address)	<input type="text"/>					
	<input type="text"/>					
	<input type="text"/>		Postal Code	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mobile / Phone Number	<input type="text"/>					
eMail Address	<input type="text"/>					

FEE PAYER INFORMATION

This section MUST be completed if the Applicant is not the fee payer.

Relationship to Applicant												
Title	Mr	<input type="checkbox"/>	Miss	<input type="checkbox"/>	Ms	<input type="checkbox"/>	Mrs	<input type="checkbox"/>	Other	<input type="text"/>		
Surname	<input type="text"/>											
First Name/s	<input type="text"/>											
If he / she is a South African citizen or permanent resident, please provide the following:												
South African Identity Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
If he / she is a citizen or permanent resident of a country other than South Africa, please provide the following:												
Country	<input type="text"/>											
Passport Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Home (Street) Address	<input type="text"/>											
									Postal Code	<input type="text"/>	<input type="text"/>	<input type="text"/>
Postal Address (if different to Home Address)	<input type="text"/>											
									Postal Code	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mobile / Phone Number	<input type="text"/>											
eMail Address	<input type="text"/>											

SECONDARY SCHOOL-LEAVING EXAMINATION DETAILS

Date of Matriculation	<input type="text"/>
School name	<input type="text"/>

NB The Applicant must provide a certified copy of the South African matriculation examination certificate.
(For Applicants who obtained a school-leaving certificate from outside of South Africa, a Universities SA Matriculation Board Exemption Certificate for degree study in South Africa (<http://mbit-apply.usaf.ac.za/applicant/add>; tel +27 (0) 10 591 4401/2; eMail Applications@USAf.ac.za).)

TERTIARY EDUCATION DETAILS

If the Applicant has completed any tertiary education or is currently registered at a tertiary institution, the Applicant must complete this section. Please enclose original transcripts or certified copies of certificates / result statements / academic transcripts.

Qualification	Year of Registration	Tertiary Institution	Year of Completion

DECLARATION BY APPLICANT

Without prejudice to the terms of my application for admission to St Augustine, I make the following declarations:

- 1 I will abide by the rules of St Augustine.
- 2 I will hold myself responsible for: the payment of all fees and charges due and payable by me to St Augustine each year; any arrears and interest on arrears; and any costs of recovery, including attorney-and-client scale fees and / or collection commission. If I do not inform the Registrar in writing of withdrawal from studies or a course by the prescribed date/s, I will be liable for full fees even if I do not make use of the facilities of St Augustine.
- 3 In the event of there being any fees outstanding, I acknowledge that St Augustine may withhold any and all of my academic results until such time as the outstanding fees have been paid.
- 4 I accept, agree and understand that: St Augustine may keep and process data and documents in electronic format, including the personal data supplied by me in my application form; St Augustine may use and transfer such data and use such documents in electronic or other formats for purposes consistent with St Augustine's relationship with me as a student and former student, including submission of data for the National Learners' Record Database and other returns required by the Department of Higher Education and Training; that St Augustine places records of qualifications awarded in the public domain; that St Augustine may process my personal information in accordance with rules and policies for academic and administrative purposes, including disciplinary processes and that St Augustine may use electronically generated documents in place of the originals signed by me.
- 5 I waive all claims against St Augustine for: any damage or loss suffered while I am, or as a consequence of my being, a student at St Augustine and / or arising out of loss or destruction of, or damage to, any property belonging to me or any other person.
- 6 I have not been expelled, rusticated, or excluded from any other University or College.
- 7 If I am a minor, I have the consent of my parent / guardian to sign this form.
- 8 The information given on this form is complete and accurate

Signature of Applicant

Date

Submit completed Application Form, together with all supporting documentation,

by Post to

**St Augustine College of South Africa
P O Box 44782
Linden 2104
South Africa**

by eMail to:

highercertificate@staugustine.ac.za

Tel: 011 380 9000

Thank you for your Application. We will soon be in touch with a response.