



# St Augustine College of South Africa

## POSTGRADUATE DEGREE

### Application Form

# 2019

PLEASE READ THE CONTENT OF THIS APPLICATION FORM CAREFULLY BEFORE SUBMITTING.  
If necessary, please consult the current annual PROSPECTUS (available on the St Augustine website) and the annual Schedule of PG Modules.

Non-refundable Application Fee:  
**R 500**

This application will not be processed unless accompanied by the following:

- Certified copy of Applicant's Identity Document / Passport.
- Certified copy of matriculation certificate. (This certificate must clearly state that the application has an exemption to study for a bachelor degree – not a diploma, nor a 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).
- Certified copies of any other academic transcripts (degrees and qualifications already completed).
- Proof of payment of the non-refundable application fee.  
(Proof of payment should be emailed to: [postgraduate@staugustine.ac.za](mailto:postgraduate@staugustine.ac.za); deposit reference: PG + SURNAME + Initials.)

St Augustine's Banking Details:

Bank: Standard Bank of South Africa      Acc Name: St Augustine College of SA  
Branch Name (Code): Northcliff (00 63 05)      Acc Number: 02 251 79 28

### APPLICANT'S PERSONAL DETAILS

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"/>									
Maiden Name	<input type="text"/>									
Last Name on Matriculation Certificate (if applicable)	<input type="text"/>									

If the Applicant is a South African citizen or permanent resident, please provide the following:

South African Identity Number

If the Applicant is a citizen or permanent resident of a country other than South Africa, please provide the following:

Country

Passport Number

Does the Applicant need a study permit?      Yes       No       If yes, has it been granted?

If granted, valid from (dd/mm/yy):  to

For statistical purposes, please provide the following:

Sex      Male       Female       Home Language

Religious Affiliation	
Population Group	
Disability (if any)	

**PROGRAMME OF STUDY**

Please indicate with a cross:

Intake (commencement date) for which applying	January	<input type="checkbox"/>	April	<input type="checkbox"/>	July	<input type="checkbox"/>	October	<input type="checkbox"/>
--	---------	--------------------------	-------	--------------------------	------	--------------------------	---------	--------------------------

Please indicate with a cross, which postgraduate degree the Applicant is applying for:

<b>Bachelor of Arts (Honours) in Peace Studies (BA (Hons) (Peace Studies))</b>	<input type="checkbox"/>
<b>Bachelor of Arts (Honours) in Philosophy (BA (Hons) (Philosophy))</b>	<input type="checkbox"/>
<b>Bachelor of Arts (Honours) in Theology (Pastoral Track) (BTh (Hons) Theology)</b>	<input type="checkbox"/>
<b>Bachelor of Arts (Honours) in Theology (Systematic Track) (BTh (Hons) Theology)</b>	<input type="checkbox"/>
<b>Master of Philosophy in Applied Ethics (Business Ethics) [MPhil (Applied Ethics)]</b>	<input type="checkbox"/>
<b>Master of Philosophy in Applied Ethics (Social and Political Ethics) [MPhil (Applied Ethics)]</b>	<input type="checkbox"/>
<b>Master of Philosophy in Culture and Education [MPhil (Culture &amp; Education)]</b>	<input type="checkbox"/>
<b>Master of Philosophy in Philosophy [MPhil (Philosophy)]</b>	<input type="checkbox"/>
<b>Master of Philosophy in Theology (Canon Law) [MPhil (Theology)]</b>	<input type="checkbox"/>
<b>Master of Philosophy in Theology (Fundamental and Systematic) [MPhil (Theology)]</b>	<input type="checkbox"/>
<b>Master of Philosophy in Theology (Pastoral) [MPhil (Theology)]</b>	<input type="checkbox"/>
<b>Master of Philosophy in Theology (Spirituality) [MPhil (Theology)]</b>	<input type="checkbox"/>
<b>Master of Philosophy by Research [MPhil]</b>	<input type="checkbox"/>
<b>Doctor of Philosophy in Philosophy [DPhil (Philosophy)]</b>	<input type="checkbox"/>
<b>Doctor of Philosophy in Theology [DPhil (Theology)]</b>	<input type="checkbox"/>

**Module Registration (not applicable in case of MPhil by Research and DPhils)**

After having consulted with the current annual Prospectus, and the Schedule of Postgraduate Modules on offer, should the Applicant's Application be successful, please indicate the modules for which the Applicant intends to register during the current academic year. (Please note that, depending on the degree for which the Applicant is registering / has registered, there is a limit on the number of modules for which an Applicant may register per academic year.)

Module Code	<input type="text"/>	Module Title	<input type="text"/>
Module Code	<input type="text"/>	Module Title	<input type="text"/>
Module Code	<input type="text"/>	Module Title	<input type="text"/>
Module Code	<input type="text"/>	Module Title	<input type="text"/>

Please note that St Augustine reserves the right not to offer a particular degree programme in any academic year.

### Fees Payable

The Applicant MUST pay the initial application fee – a once-off, non-refundable fee.

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

Once the Applicant's Application has been accepted, the Applicant will be invoiced for the modules for which he/she has registered.

### APPLICANT'S CONTACT DETAILS

Home (Street) Address											
								Postal Code			
Postal Address (if different to Home Address)											
								Postal Code			
Mobile / 'Phone Number											
eMail Address											

### 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="checkbox"/>	
Surname											
First Name/s											

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"/>	<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																				
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"/>	<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																				
								Postal Code												
Postal Address (if different to Home Address)																				
								Postal Code												
Mobile / 'Phone Number																				

eMail Address

## FINANCIAL ASSISTANCE

Does the Applicant intend to apply for a St Augustine administered Bursary?

## SECONDARY SCHOOL-LEAVING EXAMINATION DETAILS

Date of Matriculation

School name

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

### Declaration and Suretyship by Parent / Legal Guardian / Next of Kin

If the Applicant is 18 or older, his / her parent / legal guardian / next of kin must sign this Declaration and Suretyship.

Relationship to Applicant

Title Mr  Miss  Ms  Mrs  Other

Surname

First Name/s

If he / she is a South African citizen or permanent resident, please provide the following:

South African Identity Number

If he / she is a citizen or permanent resident of a country other than South Africa, please provide the following:

Country

Passport Number

Home (Street) Address

Postal Code

Postal Address (if different to Home Address)

Postal Code

Mobile / 'Phone Number

eMail Address

I agree and consent to the above declaration, undertakings, waiver and indemnity by the Applicant. I consent to the Applicant signing 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 St Augustine, until I notify St Augustine to the contrary, in which event such cancellation shall take effect only from the beginning of the following academic year. I consent to St Augustine holding and processing personal information supplied by me in this application form (including any application for a St Augustine administered bursary) for purposes related to this application.

Signature of Parent / Legal Guardian / Next-of-Kin  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:**

**postgraduate@staugustine.ac.za**

**Tel: 011 380 9000**

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