



St Augustine College of South Africa

POSTGRADUATE DEGREE Application Form

2024

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 or school-leaving certificate.
- Certified copies of all other academic transcripts (degrees and qualifications already completed).
- For Applicants who obtained academic qualifications from outside of South Africa, a SAQA Evaluation Certificate is required for degree study in South Africa. Please contact SAQA directly through the relevant website: www.saqa.gov.za.
- Proof of payment of the non-refundable application fee.
(Proof of payment should be emailed to: 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 (05 10 01) Acc Number: 02 251 79 28

APPLICANT'S PERSONAL DETAILS

Title Mr Miss Ms Mrs Other

Surname

First Name/s

Maiden Name

Last Name on Matriculation Certificate (if applicable)

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)	
How/where did you learn about St Augustine College?	

PROGRAMME OF STUDY

Please indicate with a cross:

Intake (commencement date) for which applying **January** **April** **July** **October**

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

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

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. Once the 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				
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="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home (Street) Address													
									Postal Code	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Postal Address (if different to Home Address)													
									Postal Code	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mobile / 'Phone Number													
eMail Address													

SECONDARY SCHOOL-LEAVING EXAMINATION DETAILS

Date of Matriculation	
School name	

TERTIARY EDUCATION DETAILS

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 eMail to:

postgraduate@staugustine.ac.za

Tel: 011 380 9000

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