



FOR OFFICE USE ONLY

Student number

Receipt number

## APPLICATION FOR ADMISSION

### THE CLOSING DATES FOR APPLICATIONS ARE AS FOLLOWS:

1. **15 May** for courses that start in July of the same year
2. **15 June** for Medical Orthotics and Prosthetics, Nature Conservation, Radiography, Dental Technology
3. **15 August** for all other courses
4. **15 September** for all International applicants.
5. A non-refundable administration fee of **R200** for applications, and certified copies of your identity document, Senior Certificate/National Senior Certificate and all other relevant documents must accompany the completed application form.
6. Late applications will be considered if space is available.
7. Encircle the applicable code.

The application fee to accompany the application form can be deposited at:

**ABSA BANK**  
**ACCOUNT NUMBER: 04 000 0003**

In the Reference column, please fill in your identity number.  
Send the deposit slip with the application form.  
Please refer to the important information on the back of this page.

**NB. Do not use this account number for any further payments**

- If you are applying for admission only, complete section A and page 8 of the application form.
- If you are applying for admission and financial assistance, complete sections A and B and page 8 of the application form.

Were you previously registered at TUT, Technikon North Gauteng, Technikon North West or Technikon Pretoria?  Yes  No

If yes, please indicate your student number:

### SECTION A

## PROPOSED QUALIFICATION

Application for admission: 20

When would you like to start with your course?  Jan  July (selected programmes only)

First choice of study:

(Please note: You will only be considered for your 2<sup>nd</sup> choice if you have not been selected for your 1<sup>st</sup> choice, and only if the course concerned can still accommodate additional students at that stage.)

Type of proposed study:  Day classes  Evening classes  Block

Campus:  Pretoria, Soshanguve, Ga-Rankuwa  Polokwane  Nelspruit  eMalahleni

Second course choice of study:

Type of proposed study:  Day classes  Evening  Block

Campus:  Pretoria, Soshanguve, Ga-Rankuwa  Polokwane  Nelspruit  eMalahleni

# IMPORTANT INFORMATION

## 1. GENERAL

- It is in your interest to submit the application forms as soon as possible and not to wait until the closing date for applications.
- This form must be completed by all newcomer students;
- If you were registered at the Tshwane University of Technology for the previous academic term or part thereof, you need not complete this form again.
- Block letters and black ink must be used for completing this form in full.
- Applicants in need of accommodation must also complete this form.
- The prescribed administration fee of R200 must accompany this form and is not refundable for timeous applications.
- The potential of applicants for all courses will be evaluated.
- You may not submit more than one application form, and if you wish to alter your choice at a later stage, you must do so in writing.
- **Documents that are sent by fax are not acceptable.**
- The processing of your application will be delayed if you fail to complete this form in full, or if you fail to attach all the required documents, or if you fail to enclose the administration fee, or if your application reaches the University after the relevant closing date.
- The University must be notified immediately of any change of address after the submission of this application.
- The reference number allocated to you must be quoted in all further correspondence.
- Should you, after having submitted this application, decide not to continue with your studies or to change your course, you must notify the Registrar of your decision immediately in writing.
- The University retains the right to refuse any application without stating reasons.
- All non-South African citizens must submit a study permit before registration. Provisional acceptance does not imply exemption from this requirement.
- Applicants will be informed in separate letters whether their applications for admission, financial assistance and accommodation were successful.

## 2. ADMISSION REQUIREMENTS

Consult the brochure of the faculty concerned to find out whether you meet the admission requirements for your proposed study field.

## 3. DOCUMENTS

Certified copies of the following documents must accompany each application:

### All applicants

- Identity document.

### Applicants for certificates, diplomas and degrees

- Senior Certificate/National Senior Certificate or equivalent qualification.
- An academic record in respect of studies at another tertiary institution.

### Applicants for BTech and Post-graduate studies

- Official proof that all the requirements for a diploma or degree have been met.

## 4. CAMPUS

You must find out beforehand whether the course of your choice is actually presented at the campus you are applying for. Your application will be considered only in respect of one campus. If you are accepted for a course, such acceptance applies only to the campus concerned and it is not transferable.

## 5. UNIVERSITY RESIDENCES

Accommodation in residences is available only in eMalahleni, Ga-Rankuwa, Nelspruit, Soshanguve and Pretoria, and only for *bona fide* day-class students.

## 6. AWARDING OF STATUS

Prospective students who obtained qualifications at other higher education institutions must apply on the prescribed application form to be granted a certain status for further studies at the Tshwane University of Technology.

## 7. RECOGNITION AND EXEMPTION OF SUBJECTS

If you have already obtained credit(s) for a course and/or subjects at a higher education institution, you could possibly qualify for recognition of those subjects and/or exemption from corresponding subjects at the Tshwane University of Technology. You must submit your application in this regard on the prescribed form.

## 8. SUBMISSION OF APPLICATIONS

Your application and all correspondence must be sent to the campus where you intend studying.

## 9. LANGUAGE POLICY

In accordance with the language policy of the Tshwane University of Technology, the language medium for lectures is English.

## 10. LATE APPLICATIONS

- Will only be considered if space is available
- Applicants must establish whether space in a course is available before submitting an application.

## 11. ADDRESSES

PRETORIA	Registrar, Private Bag X680, PRETORIA, 0001 Staatsartillerie Road, Pretoria West, Tel. 086 110 2422, fax (012) 382-5114
NELSPRUIT	Registrar, Private Bag 11312, NELSPRUIT, 1200 Tel. (013) 745-3500, fax (013) 745-3512,
POLOKWANE	Registrar, Private Bag X 9496, POLOKWANE, 0700 Tel. (015) 287-0700, fax (015) 297-7609
GA RANKUWA	Registrar, Private Bag X 680, PRETORIA, 0001 Tel. 086 110 2422, fax (012) 382-5114
SOSHANGUVE	Registrar, Private Bag X 680, PRETORIA, 0001 Tel. 086 110 2422, fax (012) 382-5114
eMALAHLENI	Registrar, PO Box 3211, eMALAHLENI, 1035 Tel. (013) 653-3100, fax (013) 653-3101

## PERSONAL DETAILS

Surname:

Initials:  Title:  Mr  Mrs  Miss  Dr  Prof  Other

Full names:

Preferred name (nick name):

If married, maiden name:

Date of birth:  Gender:  M Male  F Female

Identity number:  Passport number:

**Home language:**

<input type="checkbox"/> A Afrikaans	<input type="checkbox"/> NS Northern Sotho	<input type="checkbox"/> TS Tsonga
<input type="checkbox"/> E English	<input type="checkbox"/> TW Setswana	<input type="checkbox"/> E Venda
<input type="checkbox"/> AE English/Afrikaans	<input type="checkbox"/> SS Southern Sotho	<input type="checkbox"/> V Xhosa
<input type="checkbox"/> ND Ndebele	<input type="checkbox"/> SW Swazi	<input type="checkbox"/> Z Zulu

If other, please specify: \_\_\_\_\_

**Marital status:**  S Single  M Married  D Divorced  W Widow(er)

**Church affiliation** We need this information for student support structure

<input type="checkbox"/> 79 Anglican	<input type="checkbox"/> 19 Jehova's Witness	<input type="checkbox"/> 81 Presbyterian
<input type="checkbox"/> 15 Apostolic (New)	<input type="checkbox"/> 84 Lutheran	<input type="checkbox"/> 85 Seventh Day Adventist
<input type="checkbox"/> 60 Assemblies of God	<input type="checkbox"/> 80 Methodist	<input type="checkbox"/> 23 St. Johns Catholic
<input type="checkbox"/> 82 Baptist	<input type="checkbox"/> 35 Muslim	<input type="checkbox"/> 17 St. Paul Faith Mission
<input type="checkbox"/> 76 Church of Christ	<input type="checkbox"/> 91 Nazarene	<input type="checkbox"/> 90 St. Peters
<input type="checkbox"/> 22 Dutch Reformed	<input type="checkbox"/> 47 None	<input type="checkbox"/> 20 Reformed
<input type="checkbox"/> 70 Faith Mission	<input type="checkbox"/> 48 Not prepared to divulge	<input type="checkbox"/> 31 Roman Catholic
<input type="checkbox"/> 89 Full Gospel	<input type="checkbox"/> 30 Other Protestant	<input type="checkbox"/> 28 Reformed Churches SA
<input type="checkbox"/> 40 Hindu	<input type="checkbox"/> 32 Pentecostal Protestant	<input type="checkbox"/> 78 Zion Christian Church
<input type="checkbox"/> 88 IPC		

If other, please specify: \_\_\_\_\_

**Population Group** We need the following information for reporting to Government

<input type="checkbox"/> 2 Coloured	<input type="checkbox"/> 6 Southern Sotho	<input type="checkbox"/> 10 Venda
<input type="checkbox"/> 3 Indian	<input type="checkbox"/> 7 Swazi	<input type="checkbox"/> 11 Xhosa
<input type="checkbox"/> 13 Ndebele	<input type="checkbox"/> 8 Tsonga	<input type="checkbox"/> 1 White
<input type="checkbox"/> 5 Northern Sotho	<input type="checkbox"/> 9 Tswana	<input type="checkbox"/> 12 Zulu

**Citizenship** Non-South African citizens, indicate your country of origin

<input type="checkbox"/> 107 Angola	<input type="checkbox"/> 131 Countries in Europe	<input type="checkbox"/> 106 Mozambique
<input type="checkbox"/> 104 Botswana	<input type="checkbox"/> 151 Countries in North America*	<input type="checkbox"/> 105 Swaziland
<input type="checkbox"/> 121 Countries in Africa*	<input type="checkbox"/> 161 Countries in South America*	<input type="checkbox"/> 101 Namibia
<input type="checkbox"/> 141 Countries in Asia*	<input type="checkbox"/> 103 Lesotho	<input type="checkbox"/> 108 Zambia
<input type="checkbox"/> 171 Countries in Australia and Oceania*	<input type="checkbox"/> 109 Malawi	<input type="checkbox"/> 102 Zimbabwe

Countries in \*, please specify: \_\_\_\_\_

Study Permit Number: \_\_\_\_\_ Expiry date: \_\_\_\_\_

**Type of citizenship:**  1 RSA  2 Other with permanent residence permit for South Africa

3 Other without permanent residence permit for South Africa  4 Diplomatic  5 Refugee

If other, please specify: \_\_\_\_\_

**WHERE DID YOU HEAR ABOUT TUT?**

- G Career Exhibition     
  D Former Student     
  E Guidance Teacher     
  F Radio Programme  
 C Current Student     
  A Friend     
  K Internet     
  M School Visit  
 B Family Member     
  I Guidance Counselor     
  J Open Day     
  L Word of Month

Are you currently employed:  Yes  No If yes, how many years: \_\_\_\_\_

**WHAT IS YOUR PRESENT ACTIVITY BEFORE YOU START YOUR STUDIES?**

- 04 College of Nursing Student     
  08 Grade 12 Learner     
  02 Teacher's Training College     
  03 University of Technology Student  
 05 FET College Student     
  07 Labour Force     
  01 University Student  
 03 Other, please specify If you are registered as a student, please give as the name of the institution: \_\_\_\_\_

Will you apply for subject exemptions?  Yes  No

**MEDICAL AID INFORMATION**

Name of Medical Aid: \_\_\_\_\_ Medical Aid Number: \_\_\_\_\_

Main Member: Title: \_\_\_\_\_ Initials \_\_\_\_\_ Surname: \_\_\_\_\_

Identity number:                      Tel/Cell: \_\_\_\_\_

Relationship to student:  Father  Mother If other, please specify \_\_\_\_\_

Specific medical conditions: \_\_\_\_\_

Do you make use of a wheelchair  Yes  No If yes, manual or electronic: \_\_\_\_\_

Have you been placed under administrative order by court?  Yes  No If yes, state the date: \_\_\_\_\_

Has a court order declared you mentally unfit:  Yes  No If yes, state the dates: \_\_\_\_\_

**PREVIOUS AND CURRENT TERTIARY STUDIES**

State the tertiary institutions at which you have been/are a registered student and attach full academic records

Student number	Institution	Name of degree/diploma	Completed	Date on which degree was conferred	Years	
					From	To

**EXTRA-MURAL ACTIVITIES**

Encircle leadership position and/or the sport(s) and/or cultural activities you participate in and the highest level you have reached.

**Cultural**

- 48 Choir  
 46 Debating

**Leadership**

- 56 Class captain  
 61 Deputy Head Prefect  
 60 Deputy Head Prefect Residences  
 62 Deputy Head Prefect Sport  
 55 Head Prefect  
 57 Head Prefect Residences  
 54 Library Prefect  
 58 Residence Prefect  
 63 School Prefect

Sport	School colours	Regional colours	Provincial colours	National colours
Athletics	SA	RA	PA	NA
Cricket	SC	RC	PC	NC
Golf	SG	RG	PG	NG
Gymnastics	SM	RM	PM	NM
Hockey	SH	RH	PH	NH
Netball	SN	RN	PN	NN
Rugby	SR	RR	PR	NR
Soccer	SS	RS	PS	NS
Swimming	SI	RI	PI	NI

If other, please specify: \_\_\_\_\_

If other, please specify: \_\_\_\_\_

**DISABILITY**

If you have a disability, but choose not to disclose it on this form, the Tshwane University of Technology is under no obligation to assist or accommodate you with regard to that disability.

- VI Blind or partially sighted     
  HD Hearing (even with a hearing aid)     
  IN Cognitive (difficulties in learning)     
  NO None  
 CO Communication (talking, listening)     
  Physical (moving, standing, grasping)     
  07 Emotional (behavioural or psychological)  
 MU Multiple, please specify: \_\_\_\_\_

If other, please specify: \_\_\_\_\_

# ADDRESSES (all compulsory)

## APPLICANT'S POSTAL ADDRESS

Postal Code																							
Telephone no (H):												Telephone no (W):											
Cell:												Fax:											
E-mail:																							

## APPLICANT'S RESIDENTIAL ADDRESS (A post box must not be indicated here)

Postal Code																							

## STUDY ADDRESS (if already known)

Postal Code																							

## PARENTS' ADDRESS (either parents or guardian)

FATHER       STEPFATHER *(indicate with a X)*

Surname: \_\_\_\_\_ Title: \_\_\_\_\_ Initials: \_\_\_\_\_

Postal Code																							
Telephone no (H):												Telephone no (W):											
Cell:												Fax:											
E-mail:																							

MOTHER       STEPMOTHER *(indicate with a X)*

Surname: \_\_\_\_\_ Title: \_\_\_\_\_ Initials: \_\_\_\_\_

Postal Code																							
Telephone no (H):												Telephone no (W):											
Cell:												Fax:											
E-mail:																							

## GUARDIAN

Surname: \_\_\_\_\_ Title: \_\_\_\_\_ Initials: \_\_\_\_\_

Postal Code																							
Telephone no (H):												Telephone no (W):											
Cell:												Fax:											
E-mail:																							

# SCHOOL PARTICULARS

**Highest Grade Passed**

Grade 11     Grade 12

**Date of final Senior Certificate Examination**

Year      Month

Examination number:

**TYPE OF CERTIFICATE**

- |  |   |
|--|---|
| <p><input type="checkbox"/> 01 Joint Matriculation Board (full exemption)</p> <p><input type="checkbox"/> 03 Ordinary conditional exemption</p> <p><input type="checkbox"/> 04 Exemption on grounds of age</p> <p><input type="checkbox"/> 05 Foreigners' conditional exemption</p> <p><input type="checkbox"/> 06 Immigrants' conditional exemption</p> <p><input type="checkbox"/> 07 Other Senior Certificate</p> <p><input type="checkbox"/> 08 N3</p> | <p><input type="checkbox"/> 09 Grade 12 Practical</p> <p><input type="checkbox"/> 11 without exemption</p> <p><input type="checkbox"/> 12 National Senior Certificate NSC</p> <p><input type="checkbox"/> B NSC Admission Bachelor</p> <p><input type="checkbox"/> N NSC Admission None</p> <p><input type="checkbox"/> C NSC Admission Certificate</p> <p><input type="checkbox"/> D NSC Admission Diploma</p> |
|--|---|

Name of School Attended \_\_\_\_\_

Province \_\_\_\_\_

Examination results:      Please indicate your final Grade 12 results on the list below. If you do not have a National Senior Certificate/statement of final results, your school principal must certify the correctness of your Grade 11 results and the latest Grade 12 results. Without this signature and the school stamp, your application cannot be considered. Any alternations must be signed in full by the person who certifies your marks.

Code	Description	Grade 11				Mid Grade 12				Final Grade 12			
		Rating Code		Marks		Rating Code		Marks		Rating Code		Marks	

**THIS MUST BE COMPLETED BY THE PRINCIPAL OF YOUR SCHOOL**  
(Please complete with black pen)

I, \_\_\_\_\_  
(name of principal)

The Principal of \_\_\_\_\_  
(name of school)

Declare that the Information on this page is correct and that it corresponds with the official school records.

<b>SUBJECT CODES</b>	
934	Accounting
904	Afrikaans First Additional Language
901	Afrikaans Home Language
937	Afrikaans Second Additional Language
926	Agricultural Management Practices
927	Agricultural Science
928	Agricultural Technology
935	Business Studies
974	Civil Technology
981	Computer Applications Technology
985	Consumer Studies
929	Dance Studies
930	Design
931	Dramatic Arts
936	Economics
975	Electrical Technology
977	Engineering Graphics and Design
912	English First Additional Language
910	English Home Language
938	English Second Additional Language
978	Geography
979	History
986	Hospitality Studies
982	Information Technology
916	Isindeble First Additional Language
914	Isindeble Home Language
939	Isindeble Second Additional Language
925	IsiXhosa First Additional Language
918	IsiXhosa Home Language
940	IsiXhosa Second Additional Language
903	IsiZulu First Additional Language
901	IsiZulu Home Language
941	IsiZulu Second Additional Language
925	Life Orientation
983	Life Sciences
922	Mathematical Literacy
923	Mathematics
976	Mechanical Technology
932	Music
984	Physical Sciences
980	Religion Studies
911	Sepedi First Additional Language
910	Sepedi Home Language
942	Sepedi Second Additional Language
913	Sesotho First Additional Language
912	Sesotho Home Language
943	Sesotho Second Additional Language
915	Setswana First Additional Language
914	Setswana Home Language
944	Setswana Second Additional Language
917	Siswati First Additional Language
916	Siswati Home Language
945	Siswati Second Additional Language
987	Tourism
919	Tshivenda First Additional Language
918	Tshivenda Home Language
946	Tshivenda Second Additional Language
933	Visual Arts
921	Xitsonga First Additional Language
920	Xitsonga Home Language
947	Xitsonga Second Additional Language

## SECTION B

# APPLICATION FOR FINANCIAL ASSISTANCE

Do you require financial assistance?  Yes  No (Please note that selecting "Yes" is no guarantee for Financial Assistance)

### CONDITIONS

1. Your application for **Financial Assistance** will only be considered if you have completed all the information in full (no incomplete applications will be considered)
2. Supportive documents to verify the data you provide e.g. payslips of parents, I.D. copies, etc. will have to be produced on request from your Financial Aid Office before funding will be allocated.
3. **Admission** to the University **must** be obtained before this application will be considered.
4. **ONLY** South African citizens are eligible for assistance.
5. Students enrolled for Short Learning Programmes or Non-subsidised qualifications will not be considered for funding.

1.  **FATHER**  **STEPFATHER** ID number:

Title (Mr/Ms)  Initials:  Surname:

Marital status:  Married  Divorced  Widow(er)  Deceased

Occupation:  Number of occupation years:

Name of employer:  Type of Income:  Salary  Pension  Affidavit  UIF  Other

If other, please specify:

GROSS INCOME PER MONTH: R  X12=Annual GROSS INCOME: R

2.  **MOTHER**  **STEPMOTHER** ID number:

Title (Mr/Ms)  Initials:  Surname:

Marital status:  Married  Divorced  Widow(er)  Deceased

Occupation:  Number of occupation years:

Name of employer:  Type of Income:  Salary  Pension  Affidavit  UIF  Other

If other, please specify:

GROSS INCOME PER MONTH: R  X12=Annual GROSS INCOME: R

3. **GUARDIAN** ID number:

Title (Mr/Ms)  Initials:  Surname:

Marital status:  Married  Divorced  Widow(er)  Deceased

Occupation:  Number of occupation years:

Name of employer:  Type of Income:  Salary  Pension  Affidavit  UIF  Other

If other, please specify:

GROSS INCOME PER MONTH: R  X12=Annual GROSS INCOME: R

DETAILS OF ALL FAMILY MEMBERS DEPENDING ON PARENT OR GUARDIAN INCOME INCLUDING YOURSELF  
(CERTIFIED COPIES OF ID AND BIRTH CERTIFICATES OF ALL DEPENDANTS LISTED WILL BE REQUESTED)

*PROOF OF REGISTRATION TO BE SUBMITTED IF MORE THAN ONE MEMBER IS STUDYING AT THE TERTIARY LEVEL*

No	Title	Initials	Surname	Relationship to student (e.g. sister)	Category status (Tertiary Level) Yes/No Educational status (Primary/Secondary School, etc.)	Age	ID nr.	Type of income	Annual income (x12 gross income)
1									
2									
3									
4									
5									
6									
7									

Address while studying:  With parents  Private residence  Out of town  Institutional residence

## SECTION C

# RESIDENCE APPLICATION

Do you require accommodation in a residence?  Yes  No Please note that selecting "Yes" is no guarantee of a space yet.

## CHECKLIST

- Did you fill in the name of the field of study you are applying for?
- If you previously studied at another higher education institution, have you attached your academic record?
- Did you state the level of your school subjects, e.g. English first language?
- Did you sign this form?
- If you are under 18 years of age, did your parent/guardian sign the form as well?
- Did you enclose the administration fee of R200 for timeous applications?
- If already matriculated, did you attach a certified copy of your Senior Certificate/National Senior Certificate evaluation?
- Did you take note of the Language Policy?
- Did you sign the indemnity form?
- Certified copy of your ID/passport attached?

## MEMORANDUM OF AGREEMENT

Should my application be successful -

I, \_\_\_\_\_  
declare that-

1. All particulars given by me in this form are true and correct;
2. I will acquaint myself with the rules and regulations of the Tshwane University of Technology and will abide by them;
3. I will inform the Registrar immediately, in writing, should I change my address or cancel or change my course or any subjects;
4. I am aware that my enrolment is valid only if it complies with the relevant regulations of the University; notwithstanding provisional acceptance of this enrolment by the University;
5. I am aware that fees and legal costs will be recovered from me should I fail to fulfil my financial commitments towards the University;
6. (a) I am capable of concluding an agreement and am legally competent to sign this application and may therefore enter unassisted into an agreement with the Tshwane University of Technology; and  
(b) I sign this application and enter into an agreement with the Tshwane University of Technology with the permission of my parents/guardian/husband.  
(Delete (a) or (b), whichever is inapplicable.);
7. I accept full responsibility for the payment of all class and/or residence fees as well as any other fees determined by the Tshwane University of Technology; and
8. I hereby cede and transfer to the University all rights and title in any intellectual property created by me during my course of study or in any research project I undertake at the University, unless otherwise agreed.

Signature of applicant: \_\_\_\_\_

Date: \_\_\_\_\_

Herein assisted as far as may be necessary while the applicant or student is still under the age of eighteen years.

I, \_\_\_\_\_ the undersigned,  
(PRINT FIRST NAMES AND SURNAME)

in my capacity of \_\_\_\_\_ hereby admit that I am  
(PARENT OR LEGAL GUARDIAN)

to be jointly and separately responsible for moneys, the above applicant may at any stage owe the Tshwane University of Technology in terms of the agreement that he/she has concluded with the University, as set out above, including any alteration to such agreement.

Signature of parent or legal guardian: \_\_\_\_\_

Date: \_\_\_\_\_

**NB: IT IS COMPULSORY THAT THIS CONTRACT BE  
SIGNED BY ALL PARTIES CONCERNED**

## Tshwane University of Technology

### INDEMNITY AGAINST CLAIMS FOR LOSS OR DAMAGES

I, \_\_\_\_\_  
(full name), the undersigned, hereby declare that I (including my dependants) shall not institute any claim of any nature whatsoever against the Tshwane University of Technology or any employee of the Tshwane University of Technology, acting within his or her employment capacity, nor shall I in any way whatsoever hold the Tshwane University of Technology responsible for any loss or damage that I may suffer in person or in respect of any property of mine, or which may directly or indirectly arise from my commitment, as a registered student, towards the Tshwane University of Technology, resulting from any act or omission whatsoever during the full period of my tuition and/or practicals, or during any sport activity that I undertake, or during any time that I reside at a residence of the Tshwane University of Technology, or during any trip or journey that I undertake to or from such residence or tuition or practical training or with regard to any activities at practical training locations, regardless of the way in which such loss or damage may occur and regardless of who or what may be responsible. I undertake to participate in any activity that I am expected to participate in, on my own responsibility, voluntarily taking on any risk I may expose myself to in connection with any such activity.

I hereby confirm that I will timeously acquaint myself with all the information and rules in connection with practical training, and that I am, as a registered student of the Tshwane University of Technology, bound to adhere to the General Rules and Regulations of the Tshwane University of Technology.

I understand that the terms and conditions of this indemnity shall remain in force for the duration of my studies at the Tshwane University of Technology.

I furthermore declare that, in case I am injured in such a manner that I cannot personally give consent to any medical treatment or medical intervention that I may be in dire need of, the supervisory staff may sign the necessary letters of consent on my behalf.

Thus signed at \_\_\_\_\_

on this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

Student's signature: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

(if student is a minor)