

NELSON MANDELA METROPOLITAN UNIVERSITY

APPLICATION FOR ADMISSION TO POST-GRADUATE
STUDIES IN PUBLIC ADMINISTRATION IN 20.....

INSTRUCTIONS:

- PLEASE COMPLETE THE FORM IN FULL AND USE BLOCK LETTERS
- MARK ANY SECTIONS THAT ARE NOT APPLICABLE 'NA'
- Candidates wishing to register for the first time at UPE must submit the following, together with this form: (i) a certified copy of their degree and/or diploma certificates, (ii) a statement issued by the previous university, of all the courses passed and symbols/percentages obtained for the qualifications serving as admission requirements. (iii) an application form for admission (U.1) Diploma students must also submit a certified copy of their school leaving certificate.

FOR OFFICE USE			
Student Number:			
RECEIVED:			
Date	Referred to	Initials	Date

A. PROPOSED COURSE:

1. DEGREE/DIPLOMA	BA Hons	<input type="checkbox"/>	M.P.A	<input type="checkbox"/>	2. TYPE OF PROPOSED REGISTRATION (Indicate with an X)
	MA	<input type="checkbox"/>	Dip Adv Pub Admin	<input type="checkbox"/>	1. Full-time <input type="checkbox"/>
	MPhil	<input type="checkbox"/>	DPhil	<input type="checkbox"/>	2. Part-time <input type="checkbox"/>
					3. Distance education <input type="checkbox"/>

3. PROPOSED TITLE OF THESIS/DISSERTATION/TREATISE (If a thesis/dissertation/treatise is required to obtain the DPhil, MA or MPA degree.)
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4. WERE YOU PREVIOUSLY REGISTERED AT NMMU? (Indicate with an X):
1. Yes 2. No

B. YOUR NAME AND ADDRESS TO WHICH CORRESPONDENCE MUST BE DIRECTED:

TITLE (Write Prof, Dr, 1. Rev, Mr, Mrs or Miss)	2. INITIALS:	3. SURNAME:
4. FIRST NAMES (in full):		
5. POSTAL ADDRESS:		
	POSTCODE:	6. TELEPHONE NUMBER:
7. MAIDEN NAME (married women)	E-MAIL:	CELL:

C. PARTICULARS OF EMPLOYER:

1. NAME OF EMPLOYER:	3. YOUR OCCUPATION:	
2. ADDRESS:		
	POSTCODE	TELEPHONE NUMBER

D. ACADEMIC PARTICULARS

DIPLOMA CANDIDATES: Attach certified copy of school-leaving certificate obtained.		
YEAR	SCHOOL	
DEGREES/DIPLOMAS ALREADY OBTAINED: Attach certified copy of each certificate/diploma.		
YEAR	DEGREE/DIPLOMA	UNIVERSITY/COLLEGE
1.		
2.		
3.		
4.		
5.		

I. RECOMMENDATION OF HEAD OF DEPARTMENT

1. RECOMMENDATION:.....
.....

2. COMMENTS:.....
.....

3. COURSES TO BE TAKEN:.....
.....

4. EXEMPTIONS TO BE GRANTED:.....
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5. STATUS TO BE GRANTED: (section 16(a) Act 1 of 1964)

6. MUST THE STAFF CREDIT IN RESPECT OF THIS CANDIDATE BE DISTRIBUTED BETWEEN TWO (OR MORE) DEPARTMENTS?
YES NO
IF YES, PLEASE INDICATE THE DEPARTMENTS AND DISTRIBUTION

<u>DEPARTMENTS</u>	<u>DISTRIBUTION %</u>
.....
.....

7. STUDY LEADER/PROMOTER:*

SIGNATURE OF DEPARTMENT HEAD:

DATE:

* Delete whichever is not applicable

