



## THE GRADUATE INSTITUTE OF SOUTH AFRICA STUDENTS' APPLICATION FORM

### ACADEMIC INFORMATION

FIRST CHOICE FIELD OF STUDY \_\_\_\_\_ CAMPUS \_\_\_\_\_

SECOND CHOICE FIELD OF STUDY \_\_\_\_\_ ACADEMIC YEAR \_\_\_\_\_

CURRENT HIGHEST LEVEL OF EDUCATION \_\_\_\_\_

### STUDENT PERSONAL DETAILS

STUDENT FIRST NAME \_\_\_\_\_ STUDENT SURNAME \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ ID / PASSPORT NUMBER \_\_\_\_\_

ARE YOU A SOUTH AFRICAN CITIZEN  YES  NO

IF NO, PLEASE INDICATE THE CONDITION OF YOUR STAY IN SA: \_\_\_\_\_

STUDENT EMAIL \_\_\_\_\_ STUDENT CELL \_\_\_\_\_

HOME TEL \_\_\_\_\_ GENDER  MALE  FEMALE

RACE  AFRICAN  WHITE  COLOURED  INDIAN  OTHER

RESIDENTIAL ADDRESS \_\_\_\_\_

\_\_\_\_\_ POSTAL CODE \_\_\_\_\_

POSTAL ADDRESS \_\_\_\_\_  SAME AS RESIDENTIAL ADDRESS

\_\_\_\_\_ POSTAL CODE \_\_\_\_\_

### PARENT PERSONAL DETAILS

PARENT'S FIRST NAME \_\_\_\_\_ PARENT'S SURNAME \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ ID / PASSPORT NUMBER \_\_\_\_\_

ARE YOU A SOUTH AFRICAN CITIZEN  YES  NO

IF NO, PLEASE INDICATE THE CONDITION OF YOUR STAY IN SA: \_\_\_\_\_

PARENT'S EMAIL \_\_\_\_\_ PARENT'S CELL \_\_\_\_\_

HOME TEL \_\_\_\_\_ GENDER  MALE  FEMALE

RACE  AFRICAN  WHITE  COLOURED  INDIAN  OTHER

RESIDENTIAL ADDRESS \_\_\_\_\_

\_\_\_\_\_ POSTAL CODE \_\_\_\_\_

POSTAL ADDRESS \_\_\_\_\_  SAME AS RESIDENTIAL ADDRESS

\_\_\_\_\_ POSTAL CODE \_\_\_\_\_

## REGISTRATION CHECKLIST

REGISTRATION PROOF OF PAYMENT ATTACHED?

YES

NO

LEARNER ID COPY ATTACHED?

YES

NO

1ST PARENT / GUARDIAN ID COPY ATTACHED?

YES

NO

ACCOUNT PAYER ID COPY ATTACHED?

YES

NO

LEARNER MATRIC CERTIFICATE ATTACHED (IF APPLICABLE)?

YES

NO

LEARNERS OTHER HIGHER QUALIFICATION COPY ATTACHED?

YES

NO

## ACKNOWLEDGEMENT

I, the undersigned, hereby confirm that the information supplied above is valid and true to the best of my knowledge. I further confirm that I have read and understood the Summary of Terms and Condition provided with this form and agree to abide and conform by them in my tenure as stakeholder ( registered student or parent / Guardian / Account payer of registered student) of The Graduate Institute of South Africa. I accept that this registration form constitute a legal contract between me and the college. I accept that the provision of false or inaccurate information may result in my prosecution and / or liability (as would be deemed necessary) toThe Graduate Institute of South Africa.

ACCOUNT PAYERS NAME \_\_\_\_\_ DATE \_\_\_\_\_

ACCOUNT PAYERS SURNAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_

PARENT'S NAME \_\_\_\_\_ DATE \_\_\_\_\_

PARENT'S SURNAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_

STUDENTS NAME \_\_\_\_\_ DATE \_\_\_\_\_

STUDENTS SURNAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_

## FOR OFFICE USE ONLY

STUDENT ADVISOR \_\_\_\_\_ DATE \_\_\_\_\_

STUDENT NUMBER \_\_\_\_\_ SIGNATURE \_\_\_\_\_

## THE GRADUATE INSTITUTE OF SOUTH AFRICA BANKING DETAILS

(Payments can be deposited at any FNB. Please deposit your registration fee into the campus bank account using your ID number as reference. Please bring your slip along when you come to register).

**Bank Name:** First National Bank  
**Account Name:** The Graduate Institute Of South Africa  
**Account Number:** 62421761439  
**Branch Name:** Carlton Centre  
**Branch code:** 254905  
**Reference :** Student ID number

## THE GRADUATE INSTITUTE OF SOUTH AFRICA CONTACT DETAILS

**Johannesburg CBD**  
133 Marshall street,  
Cnr Marshall and Von Brandis  
Johannesburg  
Tel: 087 723 0043  
Whatsapp line: 081 320 5431

**Polokwane Campus**  
22 Jorissen Street  
Polokwane CBD  
Tel: 087 723 0043  
Whatsapp line: 081 320 5431

