



UNIVERSITY OF <sup>TM</sup>  
KWAZULU-NATAL  
INYUVESI  
YAKWAZULU-NATALI

# APPLICATION FOR POSTGRADUATE ADMISSION (Local and International)

**Note:** Completed applications for all campuses must be forwarded to the Applications and Information Office at:

Postal Address  
University of KwaZulu-Natal  
Applications and Information Office  
Durban  
4041

Physical Address  
University of KwaZulu-Natal  
Applications and Information Office  
Shepstone Building Level 4  
Howard College Campus  
King George V Ave/Mazisi Kunene Rd  
Glenwood  
Durban

## FOR OFFICE USE ONLY:

NAME: .....

STUDENT NO:

DEGREE/DIPLOMA: .....

LOCAL:

INTERNATIONAL:

## Please read these notes before completing the attached application form

1. The non-refundable **application fee** or proof of payment **MUST** accompany this application form. **International and local applicants:** Application fees can be paid by electronic transfer/bank deposit. Please find banking details below.
2. The application form **MUST be completed as fully and as accurately as possible** to avoid delay in processing. Use names appearing on the identity document when completing the form.
3. By completing and submitting this form you are consenting to the processing of your personal information by the University in terms of Protection of Personal Information Act, 2013 as set out in the Section 18 Notice (see page 9)
4. The University of KwaZulu-Natal is an English medium university. International students from non-English speaking countries must provide proof of English proficiency. Please refer to the Postgraduate Application Guide for further information.
5. Applicants whose previous degrees were obtained at a foreign university or from universities outside South Africa must have their qualifications evaluated by the South African Qualifications Authority (SAQA) prior to submitting an application to the University.
6. If you have **attended another university**, please submit a full academic record or you must arrange for the Registrar of that University to submit to this University a full academic record for all years of study and a certificate of conduct to the University of KwaZulu-Natal (see page 8).
7. If you are applying for a Masters Degree or PhD, please contact the relevant school regarding the format of the proposal on your chosen area of research together with your application.
8. International students require a valid study visa to study in SA (see page 8).
9. Please confirm Semester 2 intake with the School.

### Evaluation:

International applicants are required to have their qualifications assessed by the South African Qualification Authority (SAQA).

Please allow for evaluation turnaround times up to three months depending on the rate/amount you have paid. Please refer to the SAQA website.

They can be contacted at: Tel: +27 (0)12 431 5070 or

Email: [ceeq@saqa.org.za](mailto:ceeq@saqa.org.za) or consult: [www.saqa.org.za](http://www.saqa.org.za)

### Students with Disabilities:

Please contact the Co-ordinator at the Student Counselling Centre for information on services, equipment and support available to students.

Howard College - Tel: +27 (0)31 260 3070/3140

Pietermaritzburg - Tel: +27 (0)33 260 5213/5233

Westville - Tel: +27 (0)31 260 7706/7888

Edgewood - Tel: +27 (0) 260 3665

### Application Fees:

A non-refundable application fee is payable on submission of the application form.

- |                            |       |
|----------------------------|-------|
| • SA applicants on-time    | R210  |
| • SA applicants late       | R410  |
| • SADC and Africa          | R490  |
| • Countries outside Africa | \$153 |

No late international applications accepted. The banking details are provided on the last page. Please provide your details on the deposit slip and submit proof of payment on submission of your application.

### Needing Assistance:

If you need assistance in selecting programmes, choosing your majors, career or personal guidance, or testing you can contact a counsellor at one of our Student Counselling Centres:

Howard College - Tel: +27 (0)31 260 2668/9

Pietermaritzburg - Tel: +27 (0)33 260 5233

Westville - Tel: +27 (0)31 260 7337/7751

Edgewood - Tel: +27 (0)31 260 3653

### Closing Dates:

Honours and Postgraduate Diplomas - Semester 1: 30 September

- Semester 2: 30 April

Masters Coursework - Semester 1: 31 October

Semester 2: 30 April

Masters (Research) and Doctoral studies - no closing dates

### Residence Queries:

For all residence queries, please phone the relevant campus:

Edgewood - Tel: +27 (0)31 260 3611

Howard College - Tel: +27 (0)31 260 2282

Medical School - Tel: +27 (0)31 260 2082

Pietermaritzburg - Tel: +27 (0)33 260 2793

Westville - Tel: +27 (0)31 260 8070

### Health Care Insurance:

(Applicable to International Applicants only)

In terms of the Immigration Amendment Act 19 of 2004, any prospective student coming to the Republic of South Africa must provide proof of medical cover with a medical scheme registered in terms of the Medical Schemes Act, 1998 Act 131 of 1998. The University of KwaZulu-Natal thus only accepts South African medical aid products approved in terms of the Medical Aid Schemes Act referred to above. To comply with the regulations, the University requires proof of full medical aid cover with either **Compicare Wellness** or **Momentum Health**. Such cover must cover the minimum of hospitalisation, emergencies and day-to-day cover, including medicine and doctor visits. It is thus advisable to make the necessary financial arrangements for the medical aid cover **prior** to your entry into South Africa. Compicare: [www.studentplan.co.za](http://www.studentplan.co.za) or Momentum Health: [www.ingwehealth.co.za](http://www.ingwehealth.co.za).



# APPLICATION FOR POSTGRADUATE ADMISSION

FOR OFFICE USE ONLY:

Student no:

|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|

Fees:

App. Fee Paid: R \_\_\_\_\_

Receipt No: \_\_\_\_\_

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

Into ITS:

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

Selection Decision:

\_\_\_\_\_

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

- Have you been registered as a student at University of Natal/University of Durban-Westville/University of KwaZulu-Natal before? YES  NO
- If yes, what was your Student No. (if available)? 

|  |  |  |  |  |  |  |  |  |  |
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## 1. DEGREE FOR WHICH APPLICATION IS BEING MADE

Year of entry: 

|   |   |  |  |
|---|---|--|--|
| 2 | 0 |  |  |
|---|---|--|--|

 Entry Term: Semester: 1  2  Year of study for this degree/diploma (eg. 1st):

Degrees/Diplomas/Programmes applying for:

OFFICIAL USE

| Choice Order | Campus | Proposed Degree/Diploma | Majors | Full or part-time | Approved | Date |
|--------------|--------|-------------------------|--------|-------------------|----------|------|
| 1            |        |                         |        |                   |          |      |
| 2            |        |                         |        |                   |          |      |
| 3            |        |                         |        |                   |          |      |
| 4            |        |                         |        |                   |          |      |

\*For Masters students only

Masters candidates: Is this a Coursework Masters? YES  NO

Medical Practitioners: HPCSA Registration number MP \_\_\_\_\_

Please ensure that the programme name/s are indicated.

## 2. PERSONAL DETAILS

Dr/Rev/Mr/Mrs/Miss/Ms: \_\_\_\_\_ Surname: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Name(s): \_\_\_\_\_

Maiden Name (if applicable): \_\_\_\_\_

Gender: Male  Female

Marital Status: Married  Single  Divorced  Widowed

Confidentiality:

Do you wish your name/address to be kept confidential between yourself and the University? Yes  No

Note: Disclosure of information is subject to the Promotion of Access to Information Act and other relevant laws.

Religion: \_\_\_\_\_ (optional)

Race: African  Coloured  Indian  White  Other \_\_\_\_\_ (specify)

Home Language: \_\_\_\_\_

Date of Birth: DAY MONTH YEAR  

|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|
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SA ID No.: 

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Persal number (teachers only): 

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|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|

### 3. RESIDENCY

- Are you a permanent resident of SA?  YES  NO
- If not, what is your country of permanent residence? \_\_\_\_\_
- Passport No.:
- Expiry Date DAY   MONTH    YEAR
- Res Permit No.:             (if in possession)
- Expiry Date: DAY   MONTH    YEAR

### 4. POST-SCHOOL ACTIVITIES

Present activity (Please tick)

|                            |    |                          |
|----------------------------|----|--------------------------|
| *University student        | 01 | <input type="checkbox"/> |
| Teacher's Training College | 02 | <input type="checkbox"/> |
| Technikon Student          | 03 | <input type="checkbox"/> |
| College of Nursing student | 04 | <input type="checkbox"/> |

|                                    |    |                          |
|------------------------------------|----|--------------------------|
| Technical College student          | 05 | <input type="checkbox"/> |
| Labour Force (Employed)            | 07 | <input type="checkbox"/> |
| Standard 10 pupil/Grade 12 learner | 08 | <input type="checkbox"/> |
| OTHER ( _____ )                    | 09 | <input type="checkbox"/> |

\* If university student, please state name of the last institution in section 9 on page 5 and submit academic record and certificate of good conduct:

NOTE: The code structure has been set up (by ITS) in terms of government reporting requirements.

|   |                      |                       |                          |                     |                          |
|---|----------------------|-----------------------|--------------------------|---------------------|--------------------------|
| If you are employed, please complete the following: |                      |                       |                          |                     |                          |
| Name of Company/Institution                         |                      |                       |                          |                     |                          |
| Address of Company/Institution                      |                      |                       |                          |                     |                          |
|   |                      |                       |                          |                     |                          |
| Post Code   | <input type="text"/> | Telephone No. (Work): | <input type="text"/>     | Area dialling code: | <input type="text"/>     |
| Fee Account to Employer                             |                      | Yes                   | <input type="checkbox"/> | No                  | <input type="checkbox"/> |

### 5. ENGLISH PROFICIENCY

#### APPLICABLE TO INTERNATIONAL APPLICANTS ONLY

Applicants applying for admission into a degree programme at the University need to demonstrate that they have obtained one of the following levels of English proficiency.

1. A pass in an examination equivalent to English at Home or First Additional language level in the NSC (National Senior Certificate) or at the Higher Grade (First or Second Language) at the South African Senior Certificate level (matriculation).
2. A pass in English language at A-level, or O-level (C-symbol or higher), or the International Baccalaureate or equivalent examination.
3. For international applicants who do not satisfy (1) or (2) above and for whom English is a foreign language:
  - An overall band score of 7.0 on the International English Language Testing System (IELTS) for Postgraduate studies and 6.0 for Undergraduate studies, or
  - A test score of 550 on the paper version of the Test of English as a Foreign Language (TOEFL) or a score of at least 80 on the IBT (electronic) version of the test. See Postgraduate Application Guide for more details.

Scores need to be submitted with application forms.

Name of document: \_\_\_\_\_

### 6. ADDRESS AND CONTACT DETAILS

|   |  |  |
|---|--|--|
| Postal Address: _____<br>_____<br>_____ | Physical address (different from postal):<br>_____<br>_____<br>_____ | Contact Telephone Numbers:<br>Work: Code: No: _____<br>Home: Code: No: _____<br>Fax: Code: No: _____<br>Cell: _____<br>E-mail: _____ |
| Postal Code: _____                      | Town/City: _____   |  |
| Country (if not SA): _____              | Country (if not SA): _____   |  |

## 7. NEXT-OF-KIN INFORMATION

Title: \_\_\_\_\_ Surname: \_\_\_\_\_ First Name (or preferred name): \_\_\_\_\_

Relationship: Father  Mother  Spouse  Brother  Sister   
 Grandparent  Child  Guardian  Other

Postal Address: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Postal Code: \_\_\_\_\_

Country (if not SA): \_\_\_\_\_

Physical address: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Town/City: \_\_\_\_\_

Country (if not SA): \_\_\_\_\_

Contact Telephone Numbers:

Work:

Code: \_\_\_\_\_ No: \_\_\_\_\_

Home:

Code: \_\_\_\_\_ No: \_\_\_\_\_

Fax:

Code: \_\_\_\_\_ No: \_\_\_\_\_

Cell:

Email: \_\_\_\_\_

## 8. HIGH SCHOOL DETAILS

Year of last school-leaving certificate (equivalent to Grade 12):

Name of school certificate/diploma: \_\_\_\_\_

Examination No. (if available): \_\_\_\_\_

### NB: INTERNATIONAL APPLICANTS TO CHECK EQUIVALENCE WITH MATRICULATION BOARD

Type of Matriculation Exemption already held: (Please tick one)

|    |                      |  |    |  |  |
|----|----------------------|--|----|--|--|
| 01 | Full Exemption       |  | 07 | Other Senior Certificate                   |  |
| 03 | Ordinary Conditional |  | 08 | NTC3/N3/NSC                                |  |
| 04 | Mature Age Exemption |  | 09 | Standard 10 Practical                      |  |
| 05 | Foreign Exemption    |  | 10 | Other                                      |  |
| 06 | Immigrants Exemption |  | 11 | Discretionary Provision (Senate exemption) |  |

NOTE: The code structure has been set up by ITS in terms of government reporting requirements.

|   | SCHOOL NAME | YEAR |    | Examination Authority | Grades/Forms Passed |
|---|-------------|------|----|-----------------------|---------------------|
|   |             | From | To |                       |                     |
| 1 |             |      |    |                       |                     |
| 2 |             |      |    |                       |                     |

## 9. POST SCHOOL ENROLMENT

|   | INSTITUTION NAME | NAME OF DEGREE/DIPLOMA/<br>CERTIFICATE | Completed |    | AWARD DATE<br>IF COMPLETED | YEARS ATTENDED |    |
|---|------------------|--|-----------|----|----------------------------|----------------|----|
|   |                  |  | Yes       | No |                            | From           | To |
| 1 |                  |  |           |    |                            |                |    |
| 2 |                  |  |           |    |                            |                |    |
| 3 |                  |  |           |    |                            |                |    |
| 4 |                  |  |           |    |                            |                |    |
| 5 |                  |  |           |    |                            |                |    |
| 6 |                  |  |           |    |                            |                |    |

Have you ever been refused entry to, expelled or excluded from another institution?

YES  NO

If 'Yes', please provide the details. If previously registered, please provide documentary proof.

Have you ever been refused entry to, excluded or expelled from a residence of any university, college or technikon?

YES  NO

If 'Yes', provide the details (use separate paper if required): \_\_\_\_\_

## 10. MEDICAL INFORMATION

### 10.1 DISABILITY INFORMATION

The University is sensitive to the needs of students with disability, and will attempt to provide support where possible.

Do you have any disability, physical or otherwise, that might require support? YES  NO  If 'Yes', please indicate:

Persons with a Visual Impairment

- Blind  
 Partially sighted

Persons with a Hearing Impairment

- Partially deaf  
 Mild to moderately deaf

Persons with a Physical Impairment

- Uses a wheelchair  
 Uses crutches/callipers  
 Persons with paraplegia/quadruplegia/hemiplegia/post-polio paralysis  
 Other (please specify)

Persons with Diabetes

Persons with Epilepsy

Persons with Cerebral Palsy

Persons with Intellectual/Psychiatric/  
Psychological Impairment

Persons with Medical/Chronic Ailments  
that require support (Please specify)

Other (Please specify)

### 10.2 COMPULSORY FOR INTERNATIONAL APPLICANTS ONLY

Health Insurance

I \_\_\_\_\_ (name) confirm that I will/have applied for medical cover with a medical scheme registered in terms of the Medical Schemes Act, 1998 Act 131 of 1998.

## 11. RESIDENCE APPLICATION

Do you wish to apply for admission to University Residence? YES  NO

If yes, which Campus? Howard College  Pietermaritzburg  Edgewood  Medical School  Westville

If you are unsuccessful in obtaining accommodation in a University Residence, where will you stay? \_\_\_\_\_

## 13. DECLARATION AND UNDERSTANDING

**To be completed with the assistance of Parent/Guardian where applicant is under 18 years of age (a minor).**

If my application is successful and I accept the offer of a place to study at the University of KwaZulu-Natal,

1. I undertake
  - 1.1 To comply with the procedures, rules and regulations of the University of KwaZulu-Natal
  - 1.2 To inform the Registrar immediately, in writing, if I change my address or if I intend cancelling my provisional acceptance
  - 1.3 To acquaint myself with all the rules and general regulations that relate to the degree for which I am applying
  - 1.4 To make alternate arrangement for accommodation should the University accept me for the degree and cannot offer me accommodation
2. I/We hereby accept liability for the payment of all tuition fees or other fees that may be charged by the University as a result of my/his/her studies at the University.
3. I am aware that my enrolment is valid only if it complies with the regulations of the degree concerned, notwithstanding the acceptance of this application by the University.
4. I/We accept the responsibility of submitting all documents required by the University before the stipulated due dates.
5. I declare
  - 5.1 That I make this application and give the declarations and understandings with the knowledge and consent of my parent/guardian/employer
  - 5.2 I warrant that the information contained herein is true and correct and the University shall be entitled to declare the contract void and cancel my registration if I have made any misrepresentation or omission on this application

Signature of Student

Date

Signature of Parent/Guardian

Date

**SURETYSHIP To be completed with the assistance of Parent/Guardian where applicant is under 18 years of age (a minor).**

I, the undersigned lawful parent/guardian of the applicant, do hereby bind myself to the University of KwaZulu-Natal as surety in solidum and co-principal debtor with the above-named applicant for the due payment of all fees and other charges due and payable to the University of KwaZulu-Natal in terms of the relevant applicable annual schedule of fees. The surety will operate as a continuing covering suretyship. I agree that I will not be released from liability under this suretyship in any circumstances whatever, except with the University of KwaZulu-Natal's written consent and in particular, I shall not be released by reason of the fact that the aggregate amount owed to you by the applicant may fluctuate and may at times be nil.

Please print full name of Surety/Parent/Guardian: \_\_\_\_\_ Identity no.: \_\_\_\_\_

Address: \_\_\_\_\_

Which will be my *domicilium citandi et executandi* (permanent residential address) for all purposes under this document, which means that I will accept service of all notices, documents and legal proceedings against me. In the event of my changing this address, I agree to inform the Student Debtors Section of the Finance Department of the University of KwaZulu-Natal.

Signature parent/guardian

Date

# CHECKLIST

Please ensure that the following relevant certified documents are enclosed with this application:

- Have you indicated your choice of degree/diploma and campus? YES  NO
- Have you enclosed the non-refundable application fee? YES  NO
- Have you enclosed all the required documentation:
  - Copy of ID Document/Passport YES  NO
  - Academic Record (including conduct certificates if studied previously) } English translation if applicable YES  NO
  - Degree Certificate (if studied previously) } YES  NO
  - Senior Certificate/Matric Certificate/O/A Levels or relevant school-leaving qualification/certificate YES  NO
  - Copy of SAQA Certificate } Compulsory for international students only YES  NO
  - Residency/Temp Residency Permits } YES  NO
  - English Proficiency proof } YES  NO
- Have you read and understood the medical insurance requirements (applicable to International Students only)? YES  NO
- Have you completed the residence section (10) if applicable? YES  NO
- Have you filled in the application form in full? YES  NO

# FOR OFFICIAL USE

This section to be completed by the HEAD OF DISCIPLINE in which you intend to register.

DISCIPLINE OF STUDY (not dissertation/thesis title): For Research Masters and doctoral candidates: \_\_\_\_\_

COURSE WORK REQUIRED: For Course Work Masters only: \_\_\_\_\_

----- IS  
 ADMISSION TO STATUS REQUIRED? Yes  No

If 'YES, to which degree? \_\_\_\_\_

### ADMISSIONS UNDER SPECIAL CONDITIONS

NOTE: Where a candidate holds an appropriate equivalent degree from another University College, admission under special conditions will be a technicality and a statement to this effect is all that is required here. A detailed motivation MUST accompany this form for all special condition cases that are not of a routine 'technical' nature.

Please attach full CV in area of specialisation and supporting documentation.

ADDITIONAL COMMENTS: \_\_\_\_\_

SUPERVISOR Name: \_\_\_\_\_ Staff number: \_\_\_\_\_ School/Programme: \_\_\_\_\_

CO-SUPERVISOR Name: \_\_\_\_\_ Staff number: \_\_\_\_\_ School/Programme: \_\_\_\_\_

I have considered

- (a) The viability, nature and extent of the project
- (b) The suitability of the candidate
- (c) The availability and suitability of supervision
- (d) The nature and extent of the necessary resources and I recommend that the candidate be accepted for the degree.

SIGNATURE OF ACADEMIC LEADER OF RESEARCH: \_\_\_\_\_ DATE: \_\_\_\_\_

DECISION BY DEAN/HEAD OF SCHOOL: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Considered by: \_\_\_\_\_ HIGHER DEGREES SUB-COMMITTEE ON: \_\_\_\_\_

Approved by: \_\_\_\_\_ COLLEGE BOARD ON: \_\_\_\_\_

## Study Visa Requirements

All students planning on studying in South Africa for a semester or year are required to obtain a study visa before leaving their country. The South African consulate issues the visa. To apply for a study visa, you will need a valid passport, a letter of acceptance from the University, letter from the University in support of visa application, proof of health insurance, a deposit for repatriation, a return air ticket and money for the cost of a study visa.

For detailed information on study visas, please refer to the Undergraduate Prospectus for more information.

International School and short-term programme participants need to obtain an endorsed visitor's visa before leaving their country. To obtain the endorsed visitors' visa, you will need an acceptance letter from the University of KwaZulu-Natal, proof of health insurance, and money for the cost of the whole programme. Some nation's citizens do not require a visa to enter South Africa for a period less than 90 days. You will need to present the letter of acceptance from the institution/university, at the port of entry.

## Certificate of Conduct

If no conduct indicator is available on the official transcript, an official document is required from the institution indicating that the applicant was not found guilty of any misconduct during the period of study at that institution.

## General Information

By submitting this form, you are giving the University of KwaZulu-Natal permission to process and access your personal information for any purpose connected with this application and to verify any information contained herein.

The University is committed to maintaining your privacy at all times.

Do you wish your personal information to be kept confidential between yourself and the University?  YES  NO

**Note:** Disclosure is subject to the Promotion of Access to Information Act, Protection of Personal Information Act and other relevant laws.

Did any of your immediate family study at this University?  YES  NO

If yes, state relationship to you: \_\_\_\_\_

## Banking Details

### South African

Account holder: University of KwaZulu-Natal

Name of Account: UKZN Main

Type of Account: Business Current Account

Bank: Standard Bank

Branch: Westville

Branch No: 045426

Bank Acc. No: 05 308 0998

Reference: F001 11042 with applicant's full name

### International

Account Holder: University of KwaZulu-Natal

Name of Account: UKZN Foreign Deposit

Type of Account: Business Current Account

Bank: Standard Bank

Branch: Westville

Branch No: 045426

Bank Acc. No: 05 308 2826

Reference: F001 11042 with applicant's full name

**Please state your name and surname clearly on the deposit slip and attach proof of payment on the Application Form.**

Applications and Information Office  
[www.ukzn.ac.za](http://www.ukzn.ac.za)



## Section 18 Notice

### NOTIFICATION TO POTENTIAL AND EXISTING STUDENTS

The University of KwaZulu-Natal, located at University Road, Chiltern Hills, Westville, 3629, South Africa (hereinafter referred to as “UKZN” and/or “the University”), is required to process your personal information for any or all of the following reasons:

- to complete your application and/or registration for admission and/or re-admission and/or placement at the University;
  - to facilitate your application for residence and/housing (if relevant);
  - to facilitate the application process for bursaries for yourself (if relevant);
  - to facilitate any internship and/or employment placement opportunities that may be identified by UKZN on your behalf (if relevant);
  - to facilitate the process of allowing you access to the various University systems and premises;
  - to facilitate the process of providing you with your class test and examination results;
  - to communicate with you regarding University activities both for the duration of your study and thereafter;
  - to facilitate the graduation process;
  - for the various reasons pertaining to your studies and/or attendance of various University activities and/or forums and/or enquiries;
- for statistical purposes;
- for marketing, communication and/or information purposes;
- for soliciting donations;
- as a good governance practice;
  - for verification of degree completion, which will include your details being placed on the Alumni database, whereafter you may be contacted on occasion for information and/or marketing purposes.

The types of information that may be processed (dependant on the reason for processing as stated above) may include your:

- name and surname;
- maiden name (if applicable);
- Image;
- identity number;
- examination number and/or student number (where relevant);
- matriculation certification details and/or results;
- University academic record (if relevant);
- Curriculum vitae (if relevant);
- Postal address;
- Residential address;
- Contact details;
- Next of Kin information;
- Citizenship;
- Gender
- Population group;
- Marital status;
- Home language;
- Details of disabilities (if applicable);
- Details of the secondary school that you attended;
- Parent/guardian information;
- Details pertaining to making payments.

The afore-mentioned information must be provided by yourself and/or your parent/guardian (if you are younger than 18 years of age). The provision of the afore-mentioned information is both a mandatory and a contractual requirement (to fulfil the contractual agreement between the University and yourself should you be accepted into the University for study) and the failure to provide same and/or an objection to use the information may result in your non-acceptance and/or registration at the University as your information is required for the legitimate reasons as mentioned in this document.

Your personal details may also be utilised by the University for marketing and/or communication and/or branding initiatives.

The University may also be bound by legislative requirements (such as those contained in the Higher Education Act 101 of 1997) and/or good governance practices to obtain and/or retain the information for record keeping and/or statistical purposes.

UKZN will endeavour to ensure that the appropriate security measures are in place and/or implemented, for both electronic and paper based formats used for processing your personal information, to avoid any and all instances of security breaches. Should a cross border transfer of your information be required, the University undertakes to ensure that the recipient of the information is bound to safe-guard your information in accordance with the requirements of the Protection of Personal Information Act 4 of 2013.

Recipients of your information may include the University, government structures, potential employers and/or research institutions. Where your information is required for the research purposes, the University will endeavour to ensure that same is fully anonymised and de-identified.

You have the right to access and amend your personal information using the relevant University platform and you remain solely responsible for ensuring that your information is correct and up to date at all times. Please send an email to [informationoffice@ukzn.ac.za](mailto:informationoffice@ukzn.ac.za) for guidance in this regard.

The continuation and completion of the application and/or registration process by yourself is interpreted as your specific and informed expression of will as required by the Protection of Personal Information Act 4 of 2013.

Should you wish to lodge a complaint in this regard, kindly contact the Information Regulator. The contact details are as follows:

|                          |  |
|--------------------------|--|
| Website:                 | <a href="https://www.justice.gov.za/inforeg/">https://www.justice.gov.za/inforeg/</a>  |
| Address:                 | <b>The Information Regulator (South Africa)</b><br>JD House, 27 Stiemens Street<br>Braamfontein, Johannesburg<br>P.O Box 31533<br>Braamfontein, Johannesburg, 2017 |
| Complaints email:        | <a href="mailto:complaints.IR@justice.gov.za">complaints.IR@justice.gov.za</a>   |
| General enquiries email: | <a href="mailto:inforeg@justice.gov.za">inforeg@justice.gov.za</a>   |
| Telephone:               | +27 (0) 10 023 5200  |