



## SECTION 4: PERSONAL PARTICULARS

<b>Date of Birth:</b>	D	D	M	M	Y	Y	Y	Y	<b>I.D. No.:</b>												
<b>Passport No.:</b>									<b>Marital Status:</b>	Single		Married									
<b>Gender:</b>	M	F							<b>Maiden Name:</b>												
<b>Mother Tongue:</b>									<b>Home Town:</b>												
<b>Citizenship:</b>	Namibian		Other (specify)																		
If not a Namibian citizen, please state type of permit in your possession								Pemanent Residence		Work Permit											
								Study Permit		No Permit											
State your permit number:																					
Expiry date of permit:								D	D	M	M	Y	Y	Y	Y						

<b>Do you have a disability?</b>	Yes	No	<i>(for planning purposes only)</i>									
If 'yes' please specify.												
Based on your disability, do you have special needs?	Yes	No										

*(Please note that you may be contacted.)*

## SECTION 5: EMPLOYMENT PARTICULARS (only if applicant is in full-time employment)

<b>Name of Employer:</b>											
<b>Your Occupation:</b>											
<b>Employer's Postal Address:</b>											
<b>Employer's Telephone No.:</b>											

## SECTION 6: APPLICANT'S NEXT OF KIN/LEGAL GUARDIAN PARTICULARS

*(To be contacted in case of emergency.)*

<b>Family relationship with the person whose particulars are supplied.</b>											
Father		Mother		Spouse/partner		Guardian					
<b>Title:</b>	Mr	Ms	Other (specify)								
<b>Surname:</b>											
<b>First Names in full:</b>											Initials
<b>I.D. No.:</b>											
<b>Home Address (next of kin/guardian):</b>											
<b>Tel No.: Work</b>											
<b>Tel. No.: Home</b>							<b>Cell No.:</b>				
<b>Employer (next of kin/guardian):</b>											
<b>Occupation:</b>							<b>Employer's Address:</b>				

## SECTION 7: FORMAL STATISTICAL INFORMATION

<b>Region of Origin (if residing in Namibia) or country of permanent residence:</b>											
200	Karas	207	Omusati								
201	Hardap	208	Oshana								
202	Khomas	209	Ohangwena								
203	Erongo	210	Otjikoto								
204	Omaheke	211	Kavango								
205	Otjozondjupa	212	Caprivi								
206	Kunene	Other (specify)									

## SECTION 8: SCHOOL LEAVING PARTICULARS

Last secondary school attended:	
Address of school:	
Highest grade passed:	
Current grade (if applicable):	
Date of examination:	
Examination number:	
Examination body:	

**Note: A certified copy of your School Leaving Certificate should accompany this application. Please furnish your NAMIBIAN School Leaving Certificate (Grade 12) if you attended a Secondary School in Namibia.**

Subject	Level <small>(See table below)</small>	Symbol

LEVEL			
I = IGCSE	H = HIGHER GRADE	A = A LEVEL	+ = NSSC (O)
* = HIGCSE	S = STANDARD GRADE	I = O-LEVEL	# = NSSC (H)
	L = LOWER GRADE		

## SECTION 9: POST-SCHOOL ACADEMIC QUALIFICATIONS

**Note: A full Academic Record issued by the institution should accompany this application.**

Student No.	From Year	To Year	Name of University/Technikon/College			
Name of Programme (e.g. BA):			Awarded:	Y	N	

Student No.	From Year	To Year	Name of University/Technikon/College			
Name of Programme (e.g. BA):			Awarded:	Y	N	

Student No.	From Year	To Year	Name of University/Technikon/College			
Name of Programme (e.g. BA):			Awarded:	Y	N	

Student No.	From Year	To Year	Name of University/Technikon/College			
Name of Programme (e.g. BA):			Awarded:	Y	N	

Have you ever been refused admission to any Tertiary Institution?	Y	N	
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**SECTION 10: RELEVANT WORK EXPERIENCE (Indicate nature of work)**

Activity	Level	Position Held

Have you ever written a <b>Mature Age Entry</b> examination?		<input type="checkbox"/> Y	<input type="checkbox"/> N
If 'yes', where		and when?	
and how many times?			

**SECTION 11: EXAMINATION VENUE**

Indicate your UNAM Regional Centre for Mature Age Entry Test purposes (COMPULSARY)			
<input type="checkbox"/> WC	Windhoek Centre	<input type="checkbox"/> KM	Katima Mulilo Centre
<input type="checkbox"/> NC	Northern Campus	<input type="checkbox"/> OC	Otjiwarongo Centre
<input type="checkbox"/> GC	Gobabis Centre	<input type="checkbox"/> RC	Rundu Centre
<input type="checkbox"/> KC	Keetmanshoop Centre	<input type="checkbox"/> SC	Swakopmund Centre
<input type="checkbox"/> KH	Khorixas Centre	<input type="checkbox"/> TC	Tsumeb Centre

**DECLARATION**

*I hereby declare that all the particulars given in this application form are true and correct. I further declare that my enrolment as a student at the University of Namibia (UNAM) shall be subject to the terms and conditions contained in the agreement, which I shall complete and sign at registration.*

**SIGNATURE OF APPLICANT**

Date

**MATURE AGE ENTRY SCHEME**

- (1) Candidates aspiring for admission to UNAM's undergraduate programmes through the Mature Age Entry Scheme must satisfy the following conditions:
  - (a) They should be at least 25 years old on the first day of the academic year in which admission is sought;
  - (b) They should preferably have successfully completed junior secondary education; and
  - (c) They should normally have proof of at least five years relevant work experience relating to the proposed study programme.
  
- (2) The applicants will be required to complete the Mature Age Entry Application Form, and return it to the Office of the Registrar, University of Namibia, accompanied by an Application Fee (as stipulated in the Application Form). Once an applicant fulfills the requirements as stipulated in (1), a letter will be forwarded to the applicant giving permission to sit for the Mature Age Entry Test, which will consist of three papers:
  - (a) Paper 1: An English Test;
  - (b) Paper 2: A General Knowledge Test;
  - (c) Paper 3: A Numerical Ability Test;
  - (d) Paper 4: A Faculty Specific Paper (where applicable).
  
- (3) Candidates who, in the opinion of the relevant Faculty, merit further consideration, may be called for an oral interview before the final selection is made.

**FOR OFFICIAL USE ONLY:**

APPLICATION FEE RECEIVED: \_\_\_\_\_

RECEIPT NUMBER: \_\_\_\_\_

# CAMPUS ACCOMMODATION

# UNIVERSITY OF NAMIBIA



1. UNAM has limited accommodation space on campus. Admission to the university does not necessarily guarantee you hostel accommodation.
2. Should your application be unsuccessful kindly make alternative accommodation arrangements prior to your traveling to Windhoek.
3. Windhoek residents may not be considered for campus accommodation.
4. **No late applications will be considered.**

ACADEMIC YEAR APPLIED FOR:

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The closing date for applications:  
**31 JULY**

This application is not binding on either the applicant or the University of Namibia. All information will be treated as confidential.

**Instructions:** Use block letters to complete this form where space is provided or place an 'X' in the correct square. Incomplete applications will not be accepted.

## SECTION 2: APPLICANT'S PARTICULARS

Please provide current UNAM student no., if any:																			
Title:	Mr		Ms		Other(specify)														
Surname:																			
First Name in full:																	Initials:		
Gender:																			
Type of accommodation required:				Room		Room & Meals													
Who will be responsible for your account?																			

## SECTION 2: CONTACT PARTICULARS

Postal Address:				+ Code:		Region:	
				Cell No:			
				Fax No:			
Country:				E-mail:			

## SECTION 3: APPLICANT'S LEGAL GUARDIAN/NEXT OF KIN PARTICULARS (for emergencies)

Family relationship with the person whose particulars are supplied.									
Father		Mother		Spouse/Partner		Guardian			
Name & Surname:									
Home Address (next of kin/guardian):									
				Tel No.: Work					
Tel. No.: Home				Cell No.:					

## SECTION 6: APPLICANT'S NEXT OF KIN/LEGAL GUARDIAN PARTICULARS

Do you have a disability?	Yes		No		(for planning purposes only)
If 'yes' please specify.					
Based on your disability, do you have special needs?	Y		N		Type of needs:

*(Please note that you may be contacted.)*

## DECLARATION

I declare that the information provided above is true and correct.

**SIGNATURE OF APPLICANT**

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Date

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**SIGNATURE OF GUARDIAN**

*(If applicant is under 21 years of age)*

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Date

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## FOR OFFICIAL USE

										Residence:													
Year:					Student Number:												Course of Study:						
Signature.....										Date:						Floor:			Room Number:				