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## POSTGRADUATE *Studies*

**PASSPORT PHOTO OF APPLICANT (Compulsory)**

Please attach a recent passport photograph of yourself



STUDENT NUMBER:  For Official Use

Academic Year Applied for:

**The closing date for applications: 28 August**  
No late applications will be accepted

This application is not binding on either the applicant or the University of Namibia. All information will be treated as confidential. An application fee as specified below must accompany this application.

**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. All certified documents will be filed - no copies will be returned to applicants.

**DOCUMENTS TO BE SUBMITTED WITH APPLICATION FORM**  
**CERTIFIED COPIES**  
 ID Document or Passport  
 School Leaving Certificate - (if available)  
 Application Fee Proof of Payment  
 Official Translation (Non-English Documents)(Compulsory)  
 NQA Evaluation Report (International Qualifications)(Compulsory)  
 Academic Transcript(s) (Compulsory)  
 Degree Certificate(s) (Compulsory)  
 All Masters of Education (Attach Proof of teaching experience letter)(Compulsory)  
 Research Topic Concept Note for all Masters (By Thesis) & Doctorates (Compulsory)

**Application Fees (Non-refundable)**  
 The following must be paid at the nearest Centre/Campus or into UNAM Bank Account. (Please attach proof of payment to application form)  
 ♦ Namibian Applicants **N\$150**  
 ♦ International Applicants **N\$300**  
**NB: Photocopied application forms may also be submitted for selection purposes**

**Completed application forms can be submitted at UNAM Campuses or Regional Centres or mailed to:**  
 The Office of the Registrar, University of Namibia, Private Bag 13301  
 Windhoek, NAMIBIA

### SECTION 1: PROPOSED COURSE OF STUDY

| Course of study for which you wish to enrol: |                      | Campus               | Full-Time           | Part-Time            |
|--|----------------------|----------------------|---------------------|----------------------|
| First Choice:                                | <input type="text"/> | <input type="text"/> | *Qualification Code | <input type="text"/> |
| Second Choice:                               | <input type="text"/> | <input type="text"/> | *Qualification Code | <input type="text"/> |

(Your second choice will be considered if your first choice application is unsuccessful.)\*[\*See qualification code]

### SECTION 2: APPLICANT'S PARTICULARS

|                     |                      |                          |    |                          |                                      |
|---------------------|----------------------|--------------------------|----|--------------------------|--------------------------------------|
| Title:              | Mr                   | <input type="checkbox"/> | Ms | <input type="checkbox"/> | Other (specify) <input type="text"/> |
| Surname:            | <input type="text"/> |                          |    |                          |                                      |
| First Name in full: | <input type="text"/> |                          |    |                          | Initials: <input type="text"/>       |

### SECTION 3: CONTACT PARTICULARS (COMPULSORY)

|                              |                      |                      |                      |                      |                      |                      |                      |                      |                      |                                    |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |
|------------------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|------------------------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Postal Address (Compulsory): |                      |                      |                      |                      |                      |                      |                      |                      |                      | Residential Address: (Compulsory): |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |
| <input type="text"/>         |                      |                      |                      |                      |                      |                      |                      |                      |                      |                                    |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |
| <input type="text"/>         |                      |                      |                      |                      |                      |                      |                      |                      |                      |                                    |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |
| + Code:                      | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/>               | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Cell No: Compulsory          | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/>               | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Fax No:                      | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/>               | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| E-mail: Compulsory           | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/>               | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

NB: Only one (1) E-mail address can be used per applicant.

**FOR OFFICIAL USE ONLY:**

|                            |                             |                 |                 |
|----------------------------|-----------------------------|-----------------|-----------------|
| <b>ACCEPT FIRST CHOICE</b> | <b>ACCEPT SECOND CHOICE</b> | <b>RETURNED</b> | <b>REJECTED</b> |
|----------------------------|-----------------------------|-----------------|-----------------|

**CONDITIONS APPLICABLE:**

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**SECTION 4: PERSONAL PARTICULARS**

|   |          |   |   |   |                 |   |   |   |                 |        |  |  |  |         |  |  |  |  |  |
|---|----------|---|---|---|-----------------|---|---|---|-----------------|--------|--|--|--|---------|--|--|--|--|--|
| Date of Birth:  | D        | D | M | M | Y               | Y | Y | Y | I.D. No.:       |        |  |  |  |         |  |  |  |  |  |
| Passport No.:   |          |   |   |   |                 |   |   |   | Marital Status: | Single |  |  |  | Married |  |  |  |  |  |
| Gender:   | M        | F |   |   |                 |   |   |   | Maiden Name:    |        |  |  |  |         |  |  |  |  |  |
| Ethnic Group:   |          |   |   |   |                 |   |   |   | Home Town:      |        |  |  |  |         |  |  |  |  |  |
| Citizenship:  | Namibian |   |   |   | Other (specify) |   |   |   |                 |        |  |  |  |         |  |  |  |  |  |
| If not a Namibian citizen, please apply for a study permit from your country of origin. |          |   |   |   |                 |   |   |   |                 |        |  |  |  |         |  |  |  |  |  |

|  |     |    |                                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|-----|----|-------------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| <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   |     |    |                                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

|   |     |    |                                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|---|-----|----|-------------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| <b>Do you suffer from any nervous affliction or mental abnormality?</b>                 | Yes | No | <i>(for planning purposes only)</i> |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| If 'yes' please give details of the nature, severity, date and duration of the illness. |     |    |                                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |     |    |                                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

|   |     |    |                                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|---|-----|----|-------------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| <b>Do you suffer from any other illness?</b>  | Yes | No | <i>(for planning purposes only)</i> |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| If 'yes' please give details of the nature, severity, date and duration of the illness. |     |    |                                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |     |    |                                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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

|  |     |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|-----|----|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| <b>Are you a member of the following marginalised group e.g Ovahimba, San etc...</b>                         | Yes | No | <i>(for statistical purposes only)</i> |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| If 'yes' please attach your full birth certificate and a sworn declaration from your Regional Council Office |     |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |     |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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

|                            |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|----------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Name of Employer:          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Your Occupation:           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Employer's Postal Address: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Employer's Telephone No.:  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**SECTION 6: APPLICANT'S NEXT OF KIN/LEGAL GUARDIAN PARTICULARS (COMPULSORY)***(To be contacted in case of emergency.)*

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

**SECTION 7: FORMAL STATISTICAL INFORMATION**

| Region of Origin (Namibian Students only) |     |  |              |     |
|---|-----|--|--------------|-----|
| Karas                                     | 200 |  | Omusati      | 207 |
| Hardap                                    | 201 |  | Oshana       | 208 |
| Khomas                                    | 202 |  | Ohangwena    | 209 |
| Erongo                                    | 203 |  | Oshikoto     | 210 |
| Omaheke                                   | 204 |  | Kavango West | 211 |
| Otjozondjupa                              | 205 |  | Kavango East | 213 |
| Kunene                                    | 206 |  | Zambezi      | 212 |

**SECTION 8: 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 |
| Are you currently enrolled at the University of Namibia?          |  |  | Y |  | N |
| If 'yes' please indicate course of study.                         |  |  |   |  |   |

An NQA evaluation should accompany this application form, for any qualifications not obtained at UNAM. Kindly note that an NQA evaluation takes a minimum of 30 days.

**SECTION 9: ACHIEVEMENTS****A. GENERAL**

Indicate any leadership/managerial positions held:

| Position | Field of Activity | Number of Years |
|----------|-------------------|-----------------|
|          |                   |                 |
|          |                   |                 |
|          |                   |                 |

**NB: All Masters by Thesis and Doctorates by Dissertation are expected to submit a Research Topic Concept Note (Maximum 2 pages) together with the application form. No consideration will be given to applications without this concept note. Master of Education applicants should provide proof of teaching experience. (Compulsory)**

**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

**BANK DETAILS**

**UNIVERSITY OF NAMIBIA**  
**FIRST NATIONAL BANK - WINDHOEK**  
**Account number:** 55500057621  
**Branch code:** 281872  
**Swift code:** FIRNNANX;  
**Fax number:** +264 61 206 3704/3121

OFFICIAL DATE STAMP

**FOR OFFICIAL USE ONLY:**

APPLICATION FEE RECEIVED: \_\_\_\_\_ RECEIPT NUMBER: \_\_\_\_\_

LATE FEE RECEIVED: \_\_\_\_\_ RECEIPT NUMBER: \_\_\_\_\_

**APPLICATION FORM PROOF OF SUBMISSION**

Full Name: .....

Received by: .....

Signature: .....

Will forward application form to which Faculty and Campus:

.....

OFFICIAL DATE STAMP

