

J

Recognition of Prior Learning (RPL)

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: 14 August 2020
NO LATE APPLICATIONS WILL BE CONSIDERED.

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 is not refundable and 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 copy of ID document/passport
- Certified copy of highest school certificate (If applicable)
- Certified copies of certificates of tertiary qualifications obtained (If applicable)
- Certified tertiary academic record (If applicable)
- NQA evaluation of foreign qualification (If applicable)
- A brief job description of current position (If applicable)
- An Extended CV
- Proof of RPL Application fee

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

First Choice				Second Choice			
Undergraduate	<input type="checkbox"/>	Postgraduate	<input type="checkbox"/>	Campus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Postal Address (Compulsory):	<input type="text"/>															
Residential Address:	<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"/>
Cell 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"/>
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"/>
E-mail: <small>Compulsory</small>	<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.

SECTION 4: PERSONAL PARTICULARS

Date of Birth:	D	<input type="text"/>	D	<input type="text"/>	M	<input type="text"/>	M	<input type="text"/>	Y	<input type="text"/>	Y	<input type="text"/>	Y	<input type="text"/>	Y	<input type="text"/>	I.D. 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"/>
Passport 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"/>	Marital Status:	Single	<input type="checkbox"/>	Married	<input type="checkbox"/>							
Gender:	M	<input type="checkbox"/>	F	<input type="checkbox"/>													Maiden Name:	<input type="text"/>										
Ethnic Group:	<input type="text"/>																Home Town:	<input type="text"/>										
Citizenship:	Namibian	<input type="checkbox"/>	Other (specify)	<input type="text"/>																								
If not a Namibian citizen, please apply for a study permit from your country of origin.																												

RPL Process



SECTION 4: PERSONAL PARTICULARS

Do you have an impairment or disability?	Yes		No		<i>(for planning purposes only)</i>
If 'yes' please specify and attach documents specifying your condition.					
Based on your disability, do you have special needs?				Yes	No
If 'yes' briefly state your additional needs arising from the above mentioned impairment or disability.					
Do you suffer from any nervous affliction or mental abnormality?	Yes		No		<i>(for planning purposes only)</i>
If 'yes' please give details of the nature, severity, date and duration of the illness.					
Are you a member of the following indigenous group e.g Ovahimba, San etc...	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: APPLICANT'S NEXT OF KIN/LEGAL GUARDIAN PARTICULARS*(To be contacted in case of emergency.)*

Family relationship with the person whose particulars are supplied.											
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 6: WORK EXPERIENCE

Current and previous employment (If applicable)			
Please list your work experience starting with the most recent work experience:			
Employer: Company name	Job Title	Period in this position: (From - To)	Direct supervisor Name and Contact Number
Voluntary work: Experience (If applicable)			
Describe your involvement in volunteer work. Indicate the organisation, type of project, your role (e.g. secretary) and the learning that you obtained that is relevant to your application. Give references where possible:			
Company / Organization	Role	Period involved	Reference

SECTION 7: FORMAL STATISTICAL INFORMATION**Region of Origin (Namibian Students only)** NB: Where you were born and grew up.

Karas	200		Erongo	203		Kunene	206		Ohangwena	209		Kavango East	213	
Hardap	201		Omaheke	204		Omusati	207		Oshikoto	210		Zambezi	212	
Khomas	202		Otjozondjupa	205		Oshana	208		Kavango West	211				

SECTION 8: EDUCATION AND TRAINING**HIGHEST SCHOOL EDUCATION (e.g. Grade 12)**

Highest School Qualification	Name of School	Year Obtained

TERTIARY QUALIFICATIONS OBTAINED

(Please enter particulars of certificates, diplomas etc. which you have received for attending formal courses/programmes.)

Qualification	Institution	Duration	Year Obtained

TERTIARY QUALIFICATIONS NOT COMPLETED

(Please enter particulars of certificates, diplomas etc. which you have received for attending formal courses/programmes.)

Qualification	Institution	Duration

CURRENT STUDIES (if applicable)

Qualification	Institution	Duration

OTHER WORKSHOP / TRAINING / SHORT COURSES / CONFERENCES

Provide the following information on the learning you acquired via short courses, training and other workshops.

Name of course / workshop	Institution	Date	Duration	Assessment Was any evaluation of skills & knowledge done? Yes/No If yes, please provide evidence

**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 10: ACHIEVEMENTS

A. SPORT & CULTURE

Specify achievements, leadership positions and also the level(s) at which you have participated (school, club, regional, national):

Activity/Position	Level/Activity

DECLARATION

I hereby declare that

- A. I have familiarised myself with the steps within and the cost of the RPL process and that I understand that the RPL process may or may not find me competent for admission on account of my prior learning for admission into or credit for Higher Education programmes of study.
- B. I accept responsibility for the prompt payment of all accounts as issued by the RPL Office.
- C. I accept that I am liable for payment of all costs irrespective of whether I am found competent or not yet competent through the RPL process.
- D. I give permission that all the documents I have included may be verified to determine its authenticity.
- E. I understand that no RPL fees are refundable.
- F. I understand that when RPL is done for admission no credit will be granted as a result of the process
- G. I understand that I need to register within two years after admission has been granted

I AGREE WITH THE ABOVE MENTIONED UNDERTAKING

YES	NO
-----	----

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 form forwarded to:
Faculty
Campus:
on(date)

FOR OFFICIAL USE ONLY:

APPLICATION FEE RECEIVED: _____ RECEIPT NUMBER: _____



APPLICATION FORM PROOF OF SUBMISSION

Full Name:
Received by:
Signature:
Application form will be forwarded to Faculty and Campus:
.....

OFFICIAL DATE STAMP

