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FOR INTERNATIONAL COMMENCING AND RETURNING STUDENT APPLICATION/EXTENSION OF STUDY PERMIT SECTION

# **SECTION A: APPLICATION REQUIREMENTS**

#### This request will ONLY be processed if:

- Commencing students pay a 30% pre-payment towards their COR application and 50% on or before enrolment. The 20% balance will be settled as per our fees payment due dates\* or
- A minimum pre-payment of 80% of the semester's tuition fee for returning students\*, or
- For students that are enrolling for less than 3 modules, the full module fees must be paid and
- A completed application for a Confirmation of Registration (COR) form, and
- A copy of your valid passport with a study permit indicating expiry date (returning students) and
- A full offer (new to programme applicants) has been issued for the applicable semester, or
- Module enrollment (current students) has been processed for the applicable semester.
- Proof of Medical aid

### Application submission methods:

E-mail: cor@iiemsa.co.za

In person: Student Administration and Management, IIE MSA, Building A, Ground Floor, Ruimsig.\*

### \* Attach proof of payment

Note: The onus is on the student to ensure that study visas are received timeously and no student will be enrolled without a valid study visa.

# **SECTION B: APPLICATION DETAILS**

IIE MSA Student ID:	Passport Number:	
Surname:	Given names:	
Current study permit expiry date:	Sex (Male/Female):	

Race (compulsory), indicate with a tick  $\sqrt{}$  (According to legal requirements and government reporting purposes this section must be completed)

African C	oloured Indian	White	Other	
Country of birth:		Nationality:		
Post Box:		No. & Street:		
Suburb/City:		Suburb/City:		
State/Province & Country:		State/Province & Country:		
Postcode:		Postcode:		
Telephone: (Home)		Email address:		
Extension period:	6 Months 1 Year 1 and a half years 2 years 2 and a half years			
Reason for extension required on study permit:				
Please note that IIE MSA has a fiduciary responsibility to share information with the Department of Home Affairs pertaining to visa bearing students. Please indicate, that you are in an agreement with this responsibility.				
If no, please provide reasons:				
SECTION C: PROCESSING DETAILS (Student Administration and Management Staff ONLY)				
Date request processed:		Passport Number:		
Staff name:		Staff signature:		
COR email sent to student:		30% payment not received:		
Date: STUDENT FEES - OFFICE USE ONLY				
	Approved	Re-approved:		Declined (Reason):

Date checked:

THE INDEPENDENT
<b>INSTITUTE</b> OF
<b>EDUCATION</b>

Checked by:

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