

HOW TO COMPLETE THIS FORM

1. Please complete using block letters. All sections must be completed.
2. Use a black pen to fill out this form.
3. Please complete ALL sections in CAPITAL/UPPER-CASE
4. Enclose one set of supporting documents with this application. All documents must be certified by a recognised authority, eg school, university or IIE MSA. This application will not be processed unless full documentation is attached. Fax copies are NOT acceptable. Certified Copy - A document that has been stamped by a commissioner of oath, or at the police station. Please ensure that you carry your original document when getting your copies certified.
5. This application is the property of IIE MSA. Supporting documentation will NOT be returned.
6. Late applications will be accepted subject to availability of places.

STUDENT NUMBER: (For admin purposes)

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AGENT / REPRESENTATIVE STAMP:

RETURN COMPLETED FORM TO: admissions@iiems.co.za

SECTION A: PERSONAL DETAILS

Surname:		Given Names:	
SA ID Number or Passport Number:		Sex: Female <input type="checkbox"/> Male <input type="checkbox"/> Other <input type="checkbox"/>	
Date of Birth: Day / Month / Year		Parent / Guardian Name:	
Citizenship:		Country of Birth:	
Race: <input type="checkbox"/> African <input type="checkbox"/> Coloured <input type="checkbox"/> Indian <input type="checkbox"/> White <input type="checkbox"/> Other			
Disability: Yes <input type="checkbox"/> No <input type="checkbox"/>		if yes, please specify: <input type="checkbox"/> Communication <input type="checkbox"/> Emotional <input type="checkbox"/> Hearing <input type="checkbox"/> Sight <input type="checkbox"/> Physical	
		<input type="checkbox"/> Unspecified <input type="checkbox"/> Multiple <input type="checkbox"/> Intellectual <input type="checkbox"/> Disabled	
Would you like to apply for an Academic Concession? Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes, please specify Academic Concession eg. Dyslexia:	
If you are not a South African citizen, do you have permanent residency in South Africa? Yes <input type="checkbox"/> No <input type="checkbox"/>			
3. Have you previously applied to IIE MSA? Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes, provide your IIE MSA Student Number: <input type="text"/>	

SECTION B: ADDRESS DETAILS

Postal Address:		Physical Address:	
Postal Code:		Postal Code:	
Country:		Country:	
Tel: Home () Business: ()		Cellphone Number:	
Fax: Home () Business: ()			
Email Address (please write clearly):			
Alternate Email Address (Parent/Guardian):			

SECTION C: EMERGENCY CONTACT DETAILS

First Name:		Surname:		Relationship to Student:	
Physical Address:			Cellphone Number:		Tel: Work ()
Postal Code:			Email:		

SECTION D: ACCOUNT PAYER INFORMATION

Full Name:		Cellphone Number:	
Email Address:		Tel: Home () Tel: Work ()	
Physical Address:			
Postal Code:			
Postal Address:		Postal Code:	
Country:			
Account payer ID / Passport:			
Relationship to student:			
Occupation (Position and Title):			
Employer/Company Name:			
Tel Business: ()			
Email:			
Employer/Company Address:			

SECTION E: PROGRAMME PREFERENCES - Programme applying for (select below)

<input type="checkbox"/> Foundation Programme	<input type="checkbox"/> Social Science <input type="checkbox"/> Business <input type="checkbox"/> IT <input type="checkbox"/> Health <input type="checkbox"/> Law <input type="checkbox"/> Science
<input type="checkbox"/> Foundation Programme	<input type="checkbox"/> Summer School Semester <input type="checkbox"/> Winter School Semester
<input type="checkbox"/> CIMA Certificate in Business Accounting	
<input type="checkbox"/> Diploma in Entrepreneurial and Small Business Operations	
<input type="checkbox"/> Bachelor of Social Science	Major/s (if known):
<input type="checkbox"/> Bachelor of Business Science	Major/s (if known):
<input type="checkbox"/> Bachelor of Child and Youth Care	
<input type="checkbox"/> Bachelor of Commerce in Law	
<input type="checkbox"/> Bachelor of Computer and Information Sciences	Major/s (if known):
<input type="checkbox"/> Bachelor of Engineering in Electrical and Electronic Engineering	
<input type="checkbox"/> Bachelor of Engineering in Mechanical Engineering	
<input type="checkbox"/> Bachelor of Public Health	
STARTING DATE: Year in which you wish to begin your course: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> Semester 1 <input type="checkbox"/> Semester 2	

SECTION F: ENGLISH LANGUAGE PROFICIENCY (FOR INTERNATIONAL STUDENTS)

Was English the language of instruction in previous studies completed? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If no, I will sit/have sat for English language proficiency test: English test name: TOEFL <input type="checkbox"/> IELTS <input type="checkbox"/>	
Date taken: Day / Month / Year	Result (if known): TRF number:

SECTION G: SECONDARY AND POST SECONDARY STUDIES

*** Original or certified copies of statements / transcripts must be submitted including failed modules**

SECONDARY STUDIES

Name of qualification	School	Country	Year completed
* Are you currently attempting final year qualification? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please indicate the date results will be available: Day / Month / Year			
Name of exam	School	Examination Number	Centre

TERTIARY STUDIES

Year of commencement	Degree/Qualification	Institution	Country	Year completed/or last attempt
If applicable, please provide certified copies of your SAQA evaluation certificates.				
Are you currently awaiting results of post-secondary studies undertaken this year ? Yes <input type="checkbox"/> No <input type="checkbox"/>				
If yes, please indicate the date the results will be available: Day / Month / Year				
Name of institution and qualification:				
To apply for credits for previous study, complete the application for advanced standing form available at www.iiemsa.co.za/study/apply/credit-previous-study/				

*** If your official academic records are not issued in English, you must submit an English translation, from an accredited translator, along with your official documents in the original language. Without a translated version of your original records, your application will not be evaluated.**

Application for Registration Undergraduate Programmes

SECTION H: IMPORTANT CHECKLIST To be completed by all applicants

Have you written your email address clearly? <input type="checkbox"/>	Have you completed the application form in full? <input type="checkbox"/>	Office use only
Have you attached a certified copy of your Identity Document or Passport? <input type="checkbox"/>		
Have you included original or certified copies of results, qualifications, transcripts and English language proficiency, etc?		
Have you attached a certified marriage certificate? * Necessary for students who have changed their surname by marriage.		
Have you included certified copies of qualifications, English language proficiency, CV and translated copies (where required), etc?		
Have you signed and dated the application form?		

SECTION J: DECLARATION AND SIGNATURE

I declare that the information provided by me is true and complete in every particular.

I grant IIE MSA permission to inquire and/or verify my information and qualifications from relevant bodies provided with this application and to vary or reverse any decision regarding admission made on the basis of incorrect or incomplete information.

Applicant Signature : _____ Date Day / Month / Year