

# DIPLOMA IN AGRICULTURE IN IRRIGATION

## APPLICATION FOR ADMISSION

Private Bag X 532  
TAUNG 8584  
Tel: 053 994 9800  
Fax: 053 994 1130



### ***PLEASE READ CAREFULLY*** **GENERAL INFORMATION AND INSTRUCTIONS TO PROSPECTIVE STUDENTS**

1. THIS FORM MUST BE COMPLETED BY ALL PROSPECTIVE STUDENTS.
2. THE FOLLOWING (CERTIFIED COPIES OF DOCUMENTS) MUST ACCOMPANY THE APPLICATION FORM:
  - Matriculation certificate if already matriculated.
  - Grade 11 final report if currently at school.
  - First page of your adult identity document (Applicant's own).
  - Two (2) recent coloured identity photos.
  - A non-refundable application fee of R200.00.
  - A separate, recent medical certificate from a qualified physician.
  - Proof of residence (not older than 3 months)
  - ID copies of Parents/Guardian (both if available)

ORIGINAL DOCUMENTS MUST BE PRESENTED DURING REGISTRATION.  
SHOULD THE ABOVE MENTIONED DOCUMENT BE ISSUED UNDER THE APPLICANT'S MAIDEN NAME A MARRIAGE CERTIFICATE MUST ACCOMPANY THE APPLICATION.
3. ONLY FULLY COMPLETED AND UNDERSIGNED APPLICATIONS, ACCOMPANIED BY ALL THE NECESSARY DOCUMENTS (SEE POINT 2) WILL BE CONSIDERED FOR SELECTION.
4. THE CLOSING DATE FOR APPLICATIONS IS THE 31 OCTOBER OF EACH YEAR. NO LATE APPLICATIONS WILL BE ACCEPTED.
5. PLEASE INFORM THE COLLEGE IMMEDIATELY SHOULD YOU:
  - Decide not to continue your studies.
  - Have a change of address or telephone number.
  - Not received any correspondence from the College by the beginning of December.
6. SHOULD THE COLLEGE INFORM YOU THAT YOUR APPLICATION HAS BEEN SUCCESSFUL YOU ARE EXPECTED TO STILL CONFORM TO THE REQUIREMENTS LAID DOWN BY THE COLLEGE FOR ENTRANCE AND REGISTRATION.
7. THE COLLEGE HAS THE RIGHT TO REFUSE ANY APPLICATION WITHOUT HAVING TO SUPPLY REASONS.

#### **SELECTION:**

PROVISIONAL SELECTION IS BASED ON YOUR FINAL GRADE 11 SYMBOLS. IN THE CASE OF APPLICANTS THAT HAVE MATRICULATED, THE GRADE 12 CERTIFICATE IS USED.

#### **ENQUIRIES**

THE REGISTRAR  
TELEPHONE: 053 994 9800/39  
FAX: 053 994 1130

#### **POSTAL ADDRESS:**

THE REGISTRAR  
TAUNG AGRICULTURAL COLLEGE  
PRIVATE BAG X 532  
TAUNG 8584

## APPLICATION FOR ENTRANCE

WHICH YEAR DO YOU WISH TO APPLY FOR?

2 0

### PERSONAL PARTICULARS (Mark applicable box with an X where necessary)

IDENTITY NUMBER:                      DATE OF BIRTH: Y Y Y Y M M D D

SURNAME:                      INITIALS:

FIRST NAMES:

<b>TITLE</b>	<b>MARITAL STATUS</b>	<b>GENDER</b>	<b>CORRESPONDENCE LANGUAGE</b>	<b>CHURCH DENOMINATION</b>	<b>CITIZENSHIP</b>
MR	SINGLE	MALE	ENGLISH	SPECIFY	RSA
MISS	MARRIED	FEMALE	AFRIKAANS		OTHER
MRS					SPECIFY
DR					
PROF					

HOME ADDRESS:  TOWN:   
PROVINCE:   
POSTAL ADDRESS:  TOWN:   
POSTAL CODE:

ADDRESS WHERE ACCOUNT MUST BE SENT TO:

POSTAL ADDRESS	HOME ADDRESS	OTHER Please specify below
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ACCOUNT ADDRESS   
TOWN   
POSTAL CODE

### PARENT/GUARDIAN PARTICULARS:

SURNAME                      INITIALS

OCCUPATION

TELEPHONE: HOME  -        TELEPHONE: WORK    -

CELLPHONE: PARENT  -        CELLPHONE: STUDENT    -

FAX NUMBER  -        E-MAIL ADDRESS

### ACADEMIC INFORMATION:

NAME OF SCHOOL	<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"/>
ADDRESS OF SCHOOL	<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"/>
TOWN	<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"/>
YEAR MATRICULATED	<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"/>

TELEPHONE: SCHOOL    -

### WHAT WAS YOUR PRIMARY ACTIVITY IN THE YEAR PRIOR TO YOUR INTENDED STUDIES AT THE COLLEGE?

SCHOOL	WORK	UNIVERSITY	TECHNICON	TEACHERS TRAINING COLLEGE	AGRICULTURAL COLLEGE
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### PARTICULARS OF TERTIARY TRAINING:

INSTITUTE ATTENDED	FROM	TO	PROGRAM FOLLOWED	STUDIES COMPLETED	STUDENT NUMBER
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## WORK EXPERIENCE

SUPPLY PARTICULARS OF ANY WORK DONE AFTER LEAVING SCHOOL IN THE AGRICULTURAL FIELD (OR OTHER)  
Indicate the period of service as well as the type of work, company and name of supervisor

## SPORT ACTIVITIES

INDICATE WHICH SPORT YOU ARE CURRENTLY PARTICIPATING IN:

SPORT	YEAR	LEADERSHIP POSITION	HIGHEST ACHIEVEMENT	COLOURS AOBTAINED
<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"/>

## APPLICATION FOR RESIDENCE

DO YOU REQUIRE COLLEGE RESIDENCE? YES NO

IF YOU WILL RESIDING OUTSIDE THE COLLEGE PREMISES, PLEASE INDICATE THE FOLLOWING:

STREET NAME  HOUSE NUMBER

## APPLICATION TO KEEP A MOTOR VEHICLE/MOTOR CYCLE ON THE CAMPUS

DO YOU REQUIRE PARKING? YES NO

VEHICLE ONE		VEHICLE TWO	
REGISTRATION NUMBER	<input type="text"/>	REGISTRATION NUMBER	<input type="text"/>
MAKE	<input type="text"/>	MAKE	<input type="text"/>
COLOUR	<input type="text"/>	COLOUR	<input type="text"/>
DRIVERS LICENCE NUMBER	<input type="text"/>	DRIVERS LICENCE NUMBER	<input type="text"/>

## PERSONAL MEDICAL INFORMATION

NAME OF MEDICAL AID  MEMBERSHIP NUMBER   
NAME OF PRACTITIONER   
TELEPHONE: HOME  TELEPHONE: PRACTICE   
HEIGHT (CM)

DO YOU SUFFER FROM ANY MEDICAL CONDITION? YES NO

If yes, please specify below:

<input type="text"/>
<input type="text"/>
<input type="text"/>

## DISABLED STUDENTS

DISABLED STUDENTS OR PARENTS OF SUCH STUDENTS MUST PLEASE CONTACT THE COLLEGE BEFOREHAND TO ACQUIRE INFORMATION WITH REGARD TO THE REQUIREMENTS OF THE COURSE AND THE ACCESSIBILITY OF THE CAMPUS