DEAN'S DECISION					FOR OFFICE USE ON					ONLY							
	APP	PLIC		ΓΙΟ	N	FOR	Αľ	DM	ISS	101	٧						
Please read the relevant sectorm.	tion in	the	Un	derg	gradı	uate S	tud	ent	Han	dbo	ok B	EFC	RE (com	ple	ting	this
Have you previously been regise. Please ✓ where relevant	stered	at K	alah	ari T	-echi	nical II	nstit	ute	of N	amil	oia?	Y	es		N	Ю	
If "YES", please supply your st	udent	num	ber														
Proposed Year of Entrance Please complete all sect				Tecl	hnic	al Ins	stitu	ıte									
LAST NAME(SURNAME):		T	····														\top
FIRST NAMES (in full):							+					\top		+	+	+	+
MAIDEN NAME (if applicable):						+	$^{+}$				Н	1		\top		$^{+}$	+
TITLE (Mr, Ms):									INIT	ΓIALS	5:						
POPULATION GROUP:						HOMI											
CITIZEN STATUS:																	
(Nam Citizen, Foreign with Na	m perm	nanei	nt re	eside	nce,	or Fo	reig	n red	quiri	ng a	stud	y pe	ermit	:)			
DATE OF BIRTH:										DD			MN	1		Υ	Υ
NAM IDENTITY NUMBER OR PAS	SPORT	Γ NU <i>l</i>	MBEI	R					Г						T		

Please indicate any physical disability (tick, where appropriate) This information will not disadvantage your application

Α	Diabetic	В	Blind	С	Cerebral Palsy
D	Deafness	Ε	Behavioral/Psychological	Н	Partial Hearing
I	Partially sighted	L	Intellectual (Learning Difficulty)	Р	Paraplegic
Q	Quadriplegic	S	Speech Defect	Т	Communication (Talking/Listening)
W	Wheelchair	Υ	Dyslexia	Z	Physical (Moving/Standing/Grasping)
U	Unspecified	М	More than one disability		

Please give us some details of your disability		
PROPOSED REGISTRATION		
Full-time/Part-time/Online/Distance:		
CHOICES OF DEGREE/DIPLOMA (eg. BA, Social Sciences,	BSc, BCom, Pharmacy, Bus	iness Sciences):
First degree choice:		
Possible subject choices (eg. Journalism, Chemistry, Eco	onomics, Zoology, Politics)	:
Second degree choice:		
Possible subject choices (eg. Journalism, Chemistry, Eco		
PREVIOUS STUDIES		
Have you previously been enrolled at a Institute/higher edu	ucation institution (other th	an MTU)?
Please √ where relevant	Yes	No
f "YES", please complete the following:	103	
(Please provide a full transcript academic record & certific	ates of conduct from all ins	titutions attende
NB: A transcript is a document setting out your full academ	ic record from the institution	on. The transcrip

YEAR	INSTITUTION	QUALIFICATION	WAS IT COMPLETED? YES or NO	STUDENT NUMBER AT THAT INSTITUTION

is different to a statement of results. Please ensure that you provide a full Academic Transcript - which

includes FINAL results).

lease give a short explanation of why	you wish to transfer to Ka	alahari Technical Institute of Namibia
DDRESS DETAILS		
HOME POSTAL ADDRESS:	DIALING CODE:	TELEPHONE NUMBER:
HOME I OSTAL ADDICESS.	DIALING CODE.	TELETHONE NOMBER.
	DIALING CODE:	FAX NUMBER:
POSTAL CODE	CELL:	
REGION:	E-MAIL:	
HOME STREET ADDRESS:		
HOME STREET ADDRESS.		
POSTAL CODE		
PROVINCE:		
GUARDIAN OR PARENTS ADDRESS:	DIALING CODE:	TELEPHONE NUMBER:
	DIALING CODE:	FAX NUMBER:
POSTAL CODE	CELL:	
REGION	E-MAIL:	
TO BE COMPLETED BY PRESENT LEARNE	RS CURRENTLY AT SCHOOL	
Final school year: 20		
Number of years spent at this school :		
Examining Board:		
Name of your School:		

VERY IMPORTANT!! EXAMINATION RESULTS

PLEASE ONLY COMPLETE THE SECTION RELEVANT TO YOUR SCHOOLING.

Please DO NOT use correction fluid on examination results. If you do make a mistake and need to use correction fluid please ask your school to verify the correction.

If you have already completed your schooling, please attach a certified copy of your school certificate to this application. If you have not yet completed your schooling please provide the results of your most recent examinations.

NAMIBIAN NATIONAL SENIOR CERTIFICATE APPLICANTS (Any learner completing grade 12) - please complete this section only

Which results are you providing? Grade 11 Final	Grade 12 Exam Results
---	--------------------------

Subject	%	Subject	%
eg. English 1st Language	59%	eg. Life Orientation	49%
1.		5.	
2.		6.	
3.		7.	
4.		8.	
5.		9.	

FOREIGN QUALIFICATION APPLICANTS - please complete this section only

Students doing A-levels/AS levels should enter their mock A-level/AS levels results and supply a certified copy of their O-Level results.

Students doing HIGSCE or IB examinations should enter their mock results and where relevant supply certified copies of their IGSCE results.

Subject	Grade/ Level	Symbol	Subject	Grade /Level	Symbol
eg. English 1st Language	AS-level	D	eg. Accounting	A-level	С
1.			5.		
2.			6.		
3.			7.		
4.			8.		
5.			9.		

FINANCIAL ASSISTANCE SECTION (FOR NAMIBIAN STUDENTS ONLY)

DO YOU WISH TO BE SENT AN APPLICATION FO	ORM FOR FINANCIA	L ASSISTANCE	
Please ✓ where relevant If NO, please continue to the next section If YES, please provide the following informations	ion:	Yes	No
FAMILY'S GROSS ANNUAL INCOME (eg. Father Guardian's total income for the whole year be			
COMPLETION OF THIS SECTION DOES NOT GUA	ARANTEE THE AWA	RD OF FINANCIAL AID	
DECIDENCE ADDITION			
RESIDENCE APPLICATION Please note that residence allocations are care to a single room or to a specific residence.	efully managed and	d that we cannot guara	antee allocations
DO YOU REQUIRE RESIDENCE ACCOMMODATION	N?	Yes	No
DO YOU REQUIRE RESIDENCE ACCOMMODATION Please where relevant DETAILS OF PERSON RESPONSIBLE FOR FEES		Yes (NB: NOT GOVERNMENT F YOU ARE UNDER 21 YOU MUST	OR SPONSOR)
Please ✓ where relevant	NB: II	(NB: NOT GOVERNMENT	OR SPONSOR) SUPPLY THIS INFORMATION)
Please ✓ where relevant DETAILS OF PERSON RESPONSIBLE FOR FEES	NB: II	(NB: NOT GOVERNMENT F YOU ARE UNDER 21 YOU MUST	OR SPONSOR) SUPPLY THIS INFORMATION)
Please ✓ where relevant DETAILS OF PERSON RESPONSIBLE FOR FEES TITLE: FIRST NAMES: ———————————————————————————————————	LAST NAME	(NB: NOT GOVERNMENT F YOU ARE UNDER 21 YOU MUST E OF PERSON RESPONSIBLE	OR SPONSOR) SUPPLY THIS INFORMATION)
Please ✓ where relevant DETAILS OF PERSON RESPONSIBLE FOR FEES TITLE: FIRST NAMES: ———————————————————————————————————	LAST NAME DIALING CODE:	(NB: NOT GOVERNMENT F YOU ARE UNDER 21 YOU MUST TO PERSON RESPONSIBLE TELEPHONE NUMBER:	OR SPONSOR) SUPPLY THIS INFORMATION)
Please ✓ where relevant DETAILS OF PERSON RESPONSIBLE FOR FEES TITLE: FIRST NAMES: ———————————————————————————————————	LAST NAME DIALING CODE: DIALING CODE:	(NB: NOT GOVERNMENT F YOU ARE UNDER 21 YOU MUST TO PERSON RESPONSIBLE TELEPHONE NUMBER:	OR SPONSOR) SUPPLY THIS INFORMATION)

NB: DO NOT FORGET TO SIGN THIS DECLARATION

DECLARATION AND AGREEMENT

I/We, the undersigned, hereby declare that:

To the best of our knowledge and belief the information furnished in this application is true and correct and that if it be found to be false, and misleading in any respect, this application may be invalidated and the applicant's registration terminated; and further agree:

That I/We accept liability for damage to Institute property howsoever caused by the Applicant and indemnify the Institute against any loss or damage howsoever caused in respect of property left at the Institute by the Applicant. I/We also indemnify the Institute against any claim whatsoever for damages howsoever caused or arising which the Applicant may sustain whilst registered as a student at the Institute, acknowledging that the Applicant's participation in any sporting or other activity at the Institute or conveyance of the Applicant in any Institute vehicle, shall be at the Applicant's sole and absolute risk. This indemnity shall be binding on the Applicant's Executors and Heirs:

That I/We acknowledge that a Minimum Initial Payment (MIP) is required by a set date each year, including the first year of study, unless satisfactory arrangements have been made with the Institute. Details of the MIP amount will be included in future correspondence with the applicant:

That a statement signed by the Director (Finance) shall represent the amount owing to the Institute by me/us, and further that in the event of such amount being handed over for collection I/We shall pay all legal charges incurred on the attorney and client scale:

That I/We will pay interest on all overdue fees, and disbursements at the rate of 2% per month compounded monthly and calculated from the first day of each month following the date by which final payment of all fees and disbursements must have been made:

That I/We shall abide by all regulations of the Institute - and further that the Applicant shall, if accepted, be under the disciplinary control of the Institute as from the date on which he/she takes up residence at the Institute or the day on which he/she commences studies or attends an orientation week or summer school or similar function or registers as a student, whichever is earliest, until the Institute accepts a notice of withdrawal from me/us or the Applicant fails to renew his/her registration on the due date, whichever is the later:

That I/We accept and understand that the Institute keeps documents, including this Declaration and Agreement, electronically and distributes them as such. The Institute shall at all times be entitled to utilise such documents in electronic format for whatever purpose required and I/We agree that the electronically generated documents shall replace the originals signed by me:

That the Institute may in its discretion report to the parent or guardian or major fee contributor such breaches of the rules by the Applicant as the Institute deems necessary and further to report on any matter concerning progress, conduct, well-being or health of the applicant, and further that the Institute may take all such steps as it considers reasonable in the event of the Applicant becoming ill or requiring medical attention.

That although the Institute does not take any responsibility for informing parents or guardian or major fee contributor of disciplinary action against a student (whether pending or finalized), academic performance or any other matters relating to the student, the Institute may in its discretion report to the parent or guardian or major fee contributor such breaches of the rules by the applicant as the Institute deems necessary and further to report on any matter concerning progress, conduct, well-being or health of the Applicant, and that the Institute may take all such steps as it considers reasonable in the event of the Applicant becoming ill or requiring medical attention without the Institute undertaking any legal obligation to do so.

Signature of applicant:	
Signature of guardian/parent:	
Signature of person responsible for fees:	
Date:	

NOTE: All signatures are essential. This form will be returned if this is not signed.

CHECK LIST

A. Have you enclosed with your application form?

Proof of Direct Deposit of application fee of N\$150. **DO NOT ENCLOSE CASH**

Certified copy of your matriculation certificate (post-matriculants only), O/AS/A-level certificate or IGSCE/HIGSCE results.

- B. Has your form been signed?
- C. Have you inserted your identity/passport number and that of the person responsible for your fees?
- D. Have you asked your principal to complete the last section on page 5?

Late applications from Namibian students may be accepted at the discretion of the Registrar

RETURN THIS FORM TO:

THE REGISTRAR,
Kalahari Technical Institute
P.O. Box 86638
ERF 1221 WEST INDUSTRY
OKAHANDJA, NAMIBIA

REFER TO THE HANDBOOK FOR FURTHER INFORMATION

OFFICE USE ONLY

	DATE	SIGN
1. Captured		
2. Form Checked		