

--	--	--	--	--

APPLICATION FORM

SHORT COURSE

2016

TITLE	SURNAME	INITIALS	DATE OF BIRTH

PROPOSED PROGRAMME OF STUDY:			
MODE OF DELIVERY:	CONTACT:		DISTANCE:

APPLICATION FOR ADMISSION FOR THE YEAR:

--	--	--	--

R300 APPLICATION FEE TO ACCOMPANY YOUR APPLICATION

Send completed application with supporting documents to:

The Registrar
Cornerstone Institute
PO Box 13434
Observatory
7705

Tel: 021 448 0050 • **Fax:** 021 447 6257

E-mail: registrar@cornerstone.ac.za

Website: www.cornerstone.ac.za

Complete the entire form. Write in the appropriate spaces and boxes only.

A. APPLICATION

A.1 The year in which you want to commence your studies at Cornerstone.

A.2 Proposed programme or module:
(e.g. 'BA-Psychology' or 'Introduction to Counselling')

A.3 Applicant's biographical particulars:

Surname:

First names

Have you been registered at Cornerstone before?YesNo If so, please state student number:.....

Identity number:

Date of Birth:

Maiden Name (if applicable):

Religion (specify):

Title:

	Mr
	Miss
	Mrs
	Dr
	Other:

Gender:

	Male
	Female

Marital status:

	Unmarried
	Married
	Other:

Home language:

	Eng
	Afr
	Other

Population Group: (for government purposes)

	Asian
	White
	Coloured
	North-Sotho
	South-Sotho
	Tswana
	Xhosa
	Zulu
	Other (specify)

Citizenship:

	S.A.		Foreign
Specify:			

Permit number:

Permit expiry date:

Type of permit:

	Study Permit
	Residence Permit
	Other (specify)

Residential address: Between address lines, leave comma only e.g. 524 LANSDOWNE ROAD,LANSDOWNE

Postal code:

Postal address: fill in only if different from residential address

Postal code:

Forwarding address for account: Residential address Postal address Other

If 'other', fill in the relevant address below:

Postal code:

Applicant's telephone number during office hours:

Applicant's telephone number after hours:

Fax number:

Email address:

B. FINANCES

Indicate how you plan to finance your education at Cornerstone? Elaborate in the box below:

- *Sponsor(s) eg. parent, organisation Letter attached: Yes No
 Savings
 Church
 Student Loan
 Credit Card
 Other (Specify in box below)

*If sponsored, please include a letter by your sponsor, stating the amount and regularity of the sponsorship.

Complete this section only if you are not paying for your studies yourself:

Sponsor's surname: Initials: Title:

Address:

Postal: Home telephone no:

Work Address:

Postal: Cell no:

Sponsoring Organisation / Relationship to Sponsor:

Email address of Sponsor:

C. ACTIVITIES SINCE MATRIC

Number of times previously registered at a university

First	
Twice or more	

Main involvement during the year preceding your proposed studies at Cornerstone:

School	
Work	

University	
College	

Technikon	
Other (specify)	

Give details of your activities after leaving school with regard to each year before registration at Cornerstone:

Period		Name of university/college etc. Or non-academic activity pursued, e.g. travel, employment.	Name of degree/diploma/certificate	Study complete (yes/no)
From Year	To Year			

ATTACH A COPY OF YOUR SCHOOL LEAVING CERTIFICATE AND, IF APPLICABLE, ANY TERTIARY QUALIFICATIONS

F. AGREEMENT

Declaration by applicant (or PARENT/GUARDIAN)

(If applicant is under the age of 18, a parent or guardian would need to sign)

I hereby declare

1. that the particulars furnished by me in this application form are true and correct;
2. that I fully understand that Cornerstone is entitled to cancel my registration immediately, should it become apparent that any of the particulars furnished in this application form are untrue or incorrect;
3. that I undertake not to bring any claim, of whatever kind against Cornerstone or any employee of Cornerstone nor in any way whatever to hold Cornerstone liable for any damage or loss whatever which I may incur or suffer personally or in property of mine and which directly or indirectly arises from my participation during my period of study at Cornerstone in any activity, of whatever kind, having to do with my studies or training or with sport or recreation of whatever kind, however such damage or loss may come about, and that I will take responsibility for participation in any Cornerstone Institute activity and will accept the risk attached thereto;
4. that I authorise Cornerstone in the event of my requiring urgent medical treatment to get appropriate medical assistance and that I accept responsibility for the payment of the costs thus incurred;
5. that I undertake to pay punctually all such registration, tuition, and other fees as Cornerstone may from time to time charge during the years for which I register as a student of Cornerstone;
6. that I furthermore undertake to cover all legal costs incurred by Cornerstone in the event of my failure to discharge any duty relating to the payment mentioned in (5) above.
7. I have read and agree to adhere to the Cornerstone vision, values and student conduct as specified in the Student Handbook on the Cornerstone website
8. Cornerstone may report to my parents or legal guardian and/or the person responsible for fee payment details of my academic progress.
9. I accept that I am responsible for updating my personal details and will notify Cornerstone of any changes.
10. I accept, agree and understand that Cornerstone may keep and process data and documents in electronic format, including data supplied by me in this application form;
11. Cornerstone may use and transfer such data and use such documents in electronic or other formats for Cornerstone purposes including submission of data for the National Learner Record Database as required by the Department of Higher Education and Training;
12. Cornerstone has the right to cancel a programme, without prior warning, if circumstances arise that prevent the institution from offering that programme. If the student has registered and paid for the programme, he/she will receive a full refund.

Signature of parent or guardian:

Date:

--	--	--	--	--	--	--	--

Capacity (father, mother or guardian):