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APPLICATION FORM

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SHORT COURSE

# 2017

TITLE	SURNAME	INITIALS	DATE OF BIRTH

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

APPLICATION FOR ADMISSION FOR THE YEAR:

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R300 APPLICATION FEE TO ACCOMPANY YOUR APPLICATION

**Send completed application with supporting documents to:**

The Registrar  
Cornerstone Institute  
PO Box 13434  
Observatory  
7935

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

**E-mail:** [registrar@cornerstone.ac.za](mailto:registrar@cornerstone.ac.za)

**Website:** [www.cornerstone.ac.za](http://www.cornerstone.ac.za)



## B. FINANCES

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

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

\*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:

Code:       Cell number:

Sponsoring Organisation / Relationship to Sponsor:

Email address of Sponsor:

## C. ACTIVITIES SINCE HIGH SCHOOL

Number of times previously registered at a university

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

	First		School		University		Technikon
	Twice or more		Work		College		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**

### EMPLOYMENT

State your current position:

Date position held	Type of work	Employer

