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## APPLICATION FORM

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HIGHER CERTIFICATES AND BACHELOR DEGREES

# 2019

TITLE	SURNAME	INITIALS	DATE OF BIRTH

PROPOSED PROGRAMME OF STUDY:	
PROPOSED PROGRAMME 2 <sup>ND</sup> CHOICE:	

<b>ON CAMPUS</b> (tick ✓ if applicable)	<b>ONLINE</b> (tick ✓ if applicable)

APPLICATION FOR ADMISSION FOR THE YEAR:

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<b>FULL-TIME</b> (tick ✓ if applicable)	<b>PART-TIME</b> (tick ✓ if applicable)

### R300 APPLICATION FEE TO ACCOMPANY YOUR APPLICATION

Applications will not be processed without NBT results or proof of registration for an NBT attached (not applicable if applicant has already obtained a university qualification).

Send completed application with supporting documents to:

Tel: 021 448 0050  
 Fax to Email: 086 663 2280  
 E-mail: [applications@cornerstone.ac.za](mailto:applications@cornerstone.ac.za)  
 Website: [www.cornerstone.ac.za](http://www.cornerstone.ac.za)

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

**A. APPLICATION**

**A. 1. APPLICANT'S BIOGRAPHICAL PARTICULARS**

Surname

Previous Surname (if applicable):

First name and middle names:

Have you been registered at Cornerstone before?  Yes  No  
If so, please state student number:

Identity number:

Alternate ID; Passport no; Refugee no; none

Date of Birth (YY/MM/DD):

Religion:

<b>Title:</b> <input type="checkbox"/> Mr <input type="checkbox"/> Miss <input type="checkbox"/> Mrs <input type="checkbox"/> Dr <input type="checkbox"/> Other <input type="text"/>	<b>Marital Status:</b> <input type="checkbox"/> Unmarried <input type="checkbox"/> Married <input type="checkbox"/> Other <input type="text"/>	<b>Home Language:</b> <input type="checkbox"/> Afrikaans <input type="checkbox"/> English <input type="checkbox"/> isiNdebele <input type="checkbox"/> isiXhosa <input type="checkbox"/> isiZulu <input type="checkbox"/> sePedi <input type="checkbox"/> seSotho <input type="checkbox"/> seTswana <input type="checkbox"/> siSwati <input type="checkbox"/> tschiVenda <input type="checkbox"/> Other	<b>Citizenship:</b> <input type="checkbox"/> SA <input type="checkbox"/> Dual <input type="checkbox"/> Other <input type="checkbox"/> Permanent Residence <input type="checkbox"/> Unknown Specify (if 'other'): <input type="text"/> <b>Permit number (if foreign):</b> <input type="text"/> <b>Permit expiry date:</b> <input type="text"/> <b>Type of Permit:</b> <input type="checkbox"/> Study Permit <input type="checkbox"/> Residence Permit <input type="checkbox"/> Other (specify below) <input type="text"/>
<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	<b>Equity Status for DHET stats only</b> <input type="checkbox"/> Asian <input type="checkbox"/> Black:African <input type="checkbox"/> Black: Coloured <input type="checkbox"/> Black: Indian <input type="checkbox"/> White		

**Residential address: Between address lines, leave comma only e.g. 11 LANSDOWNE ROAD, CLAREMONT :**

**Postal Code:**

**Postal address: (complete only if different from residential address):**

**Postal Code:**

Forwarding Address For Account:  Residential Address:  Postal:  Other:

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

**Postal Code:**

Applicant's telephone number, office hours:

Applicant's telephone number, after hours:

Cell number:

Email address:

**A. 2. APPLICANT'S FAMILY INFORMATION**

Number of siblings of applicant	
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Please tick  only one box in the table in respect of each parent:

Each parent or guardians educational level	Mother or female guardian	Father or male guardian
University or Technikon degree		
University or Technikon certificate or diploma		
Technical College certificate or diploma		
Matric / Grade 12 / Senior Certificate		
Some formal schooling		
No formal schooling		
I do not know		

Does or did at least one of your grandparents have:

A university qualification	Yes		No		I do not know	
A technikon degree or diploma	Yes		No		I do not know	

Does or did your family receive a child-support grant on your behalf?	Yes		No		I do not know	
Does or did your family rely on a social pension from the state?	Yes		No		I do not know	

**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)

\*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:	
Email address of Sponsor:		

- Do note that an Initial Payment of R 5 000 and financial proof of ability to pay fees is required for registration.
- Foreign students are required to pay 60% of the annual tuition fee upfront.
- Please see the Sponsorship Letter Template on page 9 of the application form.



**C. 2. PREVIOUS STUDIES**

**N.B. Applicants who have studied at other tertiary institutions must attach full academic reports and Certificates of Conduct from those institutions, otherwise their applications cannot be considered.**

Give details of your previous studies below:

Period		Name of university/college etc.	Name of degree/diploma/certificate	Study Complete (yes/no)	Qualification Attached (yes/no)
From Year	To Year				

**D. PERMANENT RESIDENTIAL ADDRESS OF NEXT OF KIN\FRIEND (in case of emergency)**

Title, initials and surname:

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Residential address:

													<b>Postal:</b>					<b>Home telephone no:</b>											

**E. GENERAL INFORMATION**

**E. 1. MEDICAL**

Are you in a good state of physical health? If not, or if you are under a doctor's care or are receiving medication, PLEASE ATTACH SEPARATE STATEMENT FURNISHING DETAILS.  Yes  No

Do you have any physical or psychological impairments or handicaps which may affect ability to complete your studies at Cornerstone? PLEASE ATTACH SEPARATE STATEMENT  Yes  No

Please indicate with a tick (✓):

Rating	No difficulty	Some difficulty	A lot of difficulty	Cannot do at all
Seeing				
Hearing				
Communicating				
Walking				
Remembering				
Self-care				

**E. 2. EMPLOYMENT**

List in chronological order any position of employment you have held:

Date position held	Type of work	Employer



**G. STATISTICAL INFORMATION**

How did you initially hear of Cornerstone Institute? Please tick ✓ the appropriate box below:

Current Cornerstone Student		Past Cornerstone Student	
Cornerstone Staff Member		Cornerstone Presentation	
Cornerstone Flyer		Cornerstone Advert (radio)	
Internet (google search)		Social Media (Facebook, Twitter, etc.)	

**H. 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; Cornerstone may use and transfer images of the student (on campus or during Work Integrated Learning off campus) in electronic or other formats for Cornerstone marketing purposes.
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 applicant  
(or parent or guardian):

Date:

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**PLEASE COMPLETE CHECKLIST (SECTION I) BEFORE SUBMITTING THIS APPLICATION FORM.**  
**ESSENTIAL INFORMATION REGARDING THE APPLICATION FOR ADMISSION**

**1. Accuracy and completeness of the information furnished**

Cornerstone accepts no responsibility for the delay in processing an application either because the information furnished in the application is faulty or because information asked for in the application form has been left out. Therefore, please make sure that the application information is accurate and complete.

**2. Application fee**

Proof of payment of R300 (three hundred South African rand) must be submitted with the completed form. This fee is non-refundable.

**3. Closing dates**

Applications for admission as a student must be submitted and completed on or before the allocated closing date for the January or July intake. Applications submitted and completed after the late application closing date cannot be considered. Closing dates can be viewed on our website.

**4. Supporting documents**

Without the appropriate supporting documents, specified below, your application cannot be accepted for consideration.

Digital Photograph (ID type photo)

School leaving certificate

Tertiary qualifications, photocopies of your academic record(s) – that is, of official statement(s) of your subjects taken and your marks/credits obtained – and your certificate(s) of conduct

Copy of RSA ID (or passport for non-South African citizens)

R 300 application fee

National Benchmark Test results or proof of test booking

In all cases, a complete and formally correct application will be considered and the applicant will be notified of the outcome. In some cases Cornerstone may however find it necessary to obtain additional information from his/her referee, and/or by interviewing the applicant. The submission to this office of a completed application form does not imply, therefore, either that the applicant has been accepted as a student or that the applicant may register as a student. Applicants who are notified that they have been (provisionally) admitted for a specific year must register on the date specified in their acceptance letter.

**The application documents must be emailed to: [applications@cornerstone.ac.za](mailto:applications@cornerstone.ac.za)**

**BANKING DETAILS:**

ACCOUNT NAME:	CORNERSTONE INSTITUTE
BANK:	NEDBANK
BRANCH NUMBER:	102510 (Parow)/198765 (Universal Code)
ACCOUNT NUMBER:	107 503 0269
INTERNATIONAL: Swift No:	NEDSZAJJ
REFERENCE:	STUDENT NUMBER/STUDENT NAME



## SPONSORSHIP LETTER TEMPLATE

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To whom it may concern

I, (sponsor name) will be providing (applicant name) with full financial support during his/her course of studies at Cornerstone Institute. I understand the cost of attending the program at Cornerstone Institute. I have adequate funds to support (applicant name) in his/her tertiary education. I have enclosed relevant financial documents to verify my financial standing.

Sincerely,

(Sponsor Name)

DD/MM/YYYY

(Sponsor Signature)