

# APPLICATION FOR THE STUDY ABROAD PROGRAMME OCCASIONAL STUDIES AND EXCHANGES

**APPLICATION DEADLINES**  
*First Semester:* 30 September  
*Second Semester:* 31 March

**Notes:**

This application form should be accompanied by:

- A letter motivating why you want to study abroad at Wits
- A certified copy of your most recent academic transcript
- Proof of English Language Proficiency if your institution is not an English medium
- A copy of your passport (face page)

**GENERAL INFORMATION**

Have you applied to and/or been registered at Wits before? Yes  No

If **yes**, please quote student/ application number

**PERSONAL DETAILS**

Last Name/Surname

First Name

Title

Middle Names

Preferred Names

Date of Birth

Home Language  Day  Month (e.g. Dec)  Year  Gender

Nationality  Country of Residence

ID/Passport Number

**HOME INSTITUTION**

Name of University

Faculty/School

Year/Level of Study

**ACADEMIC APPLICATION**

Below list your proposed Wits Course selection. *Final acceptance into these courses can only be confirmed at registration.* Look at course pre-requisites and consult with an academic advisor before you make your selection.

Course Name	Faculty	Department	Course Code
<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"/>
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Are you applying for one or two semesters?

Starting in (Select a Semester)? Autumn (February to June)  Spring (July to November)

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**HIGHER EDUCATION**

- List all periods of registration at other tertiary institutions,
- Attach certified copies of your certificates/results statements
- Any documentation not in English must be translated and sworn to by an authorized translator.

(From) YYYY	(To) YYYY	Name of Higher Education Institution	Degree/Diploma Registered for	Qualification Completed		Year Graduated YYYY
				Yes	No	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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**CONTACT DETAILS****Applicant's Mailing Address**

Start each line of address on a new line

  
  

Postal Code    Country

    

Tel. Area Code

Tel. Number

E-mail Address

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**PARENT/LEGAL GUARDIAN OR NEXT-OF-KIN***Contact details:*

Initials

Last Name/Surname

Title

Relationship to applicant

Occupation

Address of Parent/Legal Guardian or Next-of-Kin

  
  
  
    

Tel. Area Code

Tel. Number

E-mail Address

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**LEGAL DECLARATION OF INDEMNITY AND UNDERTAKING****I, THE APPLICANT –**

- 1) Acknowledge that the University does not accept responsibility for damage or loss in respect of property of the applicant or in respect of property brought onto University premises by the applicant.
- 2) Do hereby indemnify the University in respect of any damage caused by the applicant to University Property or to the property of third parties, whether on or off the University premises, as a result of the applicant's actions either whilst on the University premises or whilst engaged in any activity related to the University.
- 3) Undertake, during the orientation period and for any period during which I am a registered student, to be bound by the rules and regulations of the University for the time being in force, including the rules and regulations of any University residence, club or society to which I may be admitted or become a member and by any requirements or conditions imposed by the University on me as a prerequisite to my registration as a student of the University in any faculty.
- 4) Certify that the information provided in this form and all supporting documentation is accurate and acknowledge that furnishing any false information may result in disciplinary proceedings being taken against the applicant.
- 5) Declare that I have furnished the University with all the information necessary to make an informed decision about my admission.
- 6) Undertake to pay unconditionally all fees, charges and surcharges payable to the University as they fall due for payment, for any period for which I am or may become a registered student or the applicant is or may become a registered student of the University.

**APPLICANT MUST SIGN BELOW**

Name of Applicant: \_\_\_\_\_

**SIGNATURE****DATE**

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**CHECKLIST FOR APPLICANT**

- I have completed every page in detail
- I have indicated the courses of choice
- I have signed this form
- I understand that my application will be considered to be incomplete if I have not adhered to these requirements
- I have attached all the supporting documents

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**Please return the completed form and supporting document to:**

Ms Masego Bosilong, International Students Office

E-mail: [Masego.Bosilong@wits.ac.za](mailto:Masego.Bosilong@wits.ac.za)