



**Faculty of Medicine and Health Sciences**  
**Application form for Currently Registered SU Students**

**Application closing date: 30 September 2022**

|                   |  |  |  |  |  |  |  |  |
|-------------------|--|--|--|--|--|--|--|--|
| <b>SU Number:</b> |  |  |  |  |  |  |  |  |
|-------------------|--|--|--|--|--|--|--|--|

**A. Application for admission to the Faculty of Medicine and Health Sciences (FMHS) for the 2023 intake**

|  |  |                         |  |   |  |                                  |  |
|--|--|-------------------------|--|---|--|----------------------------------|--|
| <b>Please mark (X) which programme you are applying for:</b> |  | <b>B of Nursing</b>     |  | <b>MBCbB</b>                                    |  | <b>B of Occupational Therapy</b> |  |
| <b>BSc in Physiotherapy</b>                                  |  | <b>BSc in Dietetics</b> |  | <b>B of Speech-Language and Hearing Therapy</b> |  |                                  |  |

**Please take note of the following important information when applying:**

- The **form** is available online ([www.maties.com](http://www.maties.com)) or request a form by e-mailing: [tygselections@sun.ac.za](mailto:tygselections@sun.ac.za).
- Applicants must study the **selection guidelines** of the programme they are applying for – see [www.maties.com](http://www.maties.com) - before submitting the application. Postgraduate applicants must provide a motivational letter together with the application form (see [motivational letter guidelines](#)). These applicants must please submit a separate motivation letter, per programme.
- Selection takes place **early in December** and this group is selected on the basis of academic merit, the demographic profile of the first-year intake and also a number of other considerations (see programme selection guidelines).
- Applicants are required to make use of the **first examination opportunity in November**.
- The completed application form must reach Ms C Basson, Room 1046, Clinical Building, Tygerberg Campus before or on **30 September** by e-mail to: [tygselections@sun.ac.za](mailto:tygselections@sun.ac.za).
- Applicants may apply to **three (3) undergraduate programmes** within FMHS. Please complete a separate application form for each programme.
- Students will be informed of the outcome of the selection process via e-mail.

|           |  |        |                     |                                    |                           |                   |                         |
|-----------|--|--------|---------------------|------------------------------------|---------------------------|-------------------|-------------------------|
| <b>1.</b> | <b>Programme you are currently registered for:</b> |        |                     |                                    |                           |                   |                         |
| <b>2.</b> | <b>Title:</b>                                      |        | <b>Surname:</b>     |                                    |                           | <b>Initials:</b>  |                         |
| <b>3.</b> | <b>Gender:</b>                                     | Female | Male                | Non-Binary                         | <b>Citizenship:</b>       |                   |                         |
| <b>4.</b> | <b>Postal Address:</b>                             |        |                     | <b>Residential Address:</b>        |                           |                   |                         |
|           | <b>Postal Code:</b>                                |        |                     | <b>Postal Code:</b>                |                           |                   |                         |
| <b>5.</b> | <b>Correspondence Language:</b>                    |        |                     | <b>E-mail address:</b>             |                           |                   |                         |
| <b>6.</b> | <b>Ethnicity:</b>                                  | Asian  | Black African       | Indian                             | Coloured                  | Prefer not to say | White                   |
| <b>7.</b> | <b>Cell number:</b>                                |        |                     | <b>Alternative contact number:</b> |                           |                   |                         |
| <b>8.</b> | <b>Matric Average:</b>                             | %      | <b>Mathematics:</b> | %                                  | <b>Physical Sciences:</b> | %                 | <b>Life Sciences:</b> % |
| <b>9.</b> | <b>Matriculated in: (Year)</b>                     |        |                     | <b>Identity Number:</b>            |                           |                   |                         |

**B. AGREEMENT**

I hereby declare that the particulars I have provided in this form are true and correct.

Signature of Applicant: ..... Date: .....

Witness: ..... Date: .....