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APPLICATION FOR ADMISSION AS A POST-DOCTORAL RESEARCH FELLOW: 2017

(Please note: This form is not for registration, but is used for admission purposes only.)

SA citizens should contact Ms L Seymour directly at the Division for Research Development, Wilcocks Building.

International post-doctoral fellows should register in person at the office of Ms Lee-Anne Seymour, Room 2038, Wilcocks Building.

TITLE	SURNAME	INITIALS	DATE OF BIRTH (YYYY/MM/DD)							

Host Department:	
Name of Host:	

This application must include the following items:

- Curriculum Vitae
- Official Academic Transcript (please attach English translations if the documents are not in English, Afrikaans or Dutch) and certified copies of degree certificates.
- Copy of the identification pages of your passport (International Post-docs) or South African identity document.
- Proof of medical insurance; must include the following (International Post-docs only):
 - *Details of membership (independent member or dependent on parents/guardian)*
 - *Declaration that the cover will be valid for the period spent in South Africa*

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RECEIVED						

1. BIOGRAPHICAL PARTICULARS OF APPLICANT

Surname: Initials:
First names: Title:
Population Group: Marital Status:
Gender: Correspondence Language: [Afr] [Eng]
Nationality: Citizenship:
Home Language: IDnumber / PassportNo:
Disability (if disabled, provide information please):

2. ADDRESS

Postal address:
This address is valid until: Home Postcode:
Tel: Fax:
E-mail:..... Cell:

3. CONTACT IN HOME COUNTRY IN CASE OF EMERGENCY

Surname: Initials: Title:
Address:..... Code:
Tel: Fax: E-mail:.....

Relationship: [Parent] [Family] [Friend] [Other]

4. PARTICULARS OF PHD

Name of Doctoral degree:
Date Doctoral degree was awarded: (yyyy/mm/dd)
Institution where degree was awarded:
Country:
Primary area of research:

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Letters [] [] []
Activities since Matric [] []

DECLARATION BY APPLICANT

I hereby declare

- (a) that the particulars furnished by me above in this application form are true and correct;
- (b) that I fully understand that the University is entitled to cancel my registration immediately, should it become apparent that any of the particulars furnished above in this application form are untrue or incorrect;
- (c) **that I will deregister as soon as I become aware that I have to terminate my contract prematurely.**

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Signature of Applicant

.....
Date