

MEYFIELD COLLEGE

Full time Application Form

Application Fees: N\$ 250.00 (non-refundable) Late Application fees: N\$ 300.00 (non-refundable) Registration Fees: N\$ 2 000.00 (non-refundable) Passport Photo

Banking Details

BANK WINDHOEK ACC NAME: MAYFIELD UNIVERSITY ACC No: NDP- 3002087115 BRANCH: ONDANGWA CODE: 483-373

Academic Year

INSTRUCTIONS: Use **BLOCK** letters to complete this application form. Indicate with 'X' in the correct Student number

APPLICATION

ACCEPTED



APPLICATION

REJECTED

OFFICE USE ONLY

NB: All options with a symbol sign of (*) are compulsory

Section A: Academic details*									
Choices	Program of study	Full time	Part time	Distan ce					
First									
Choice									
Second									
Choice									

Section B: Applicant's particulars*										
Title Mr.	Mrs.				Ms.					
First name(s):						Initia	ls			
Surname:										
Date of y y y y m m d birth:	d	Sex Male Female								
Residential address:			ID:							
Marital status:	Marriec	l:		Sing	le:					
Nationality:	Re	gior	n of origir	า:						
Passport no:	Exp	Expiry date: y y y y m m d d								
Cellphone no:	Em	Email address:								
Postal address:										

For Non- Namibians:	Nationality:				
	Passport no:				Expiry date:
	Type of permit:				Permit no:
Do you have any	y disability	No	Yes	If yes pleas	se specify

Section C: School leaving particulars*

Last school attended:					
Highest grade passed	Current grade (if applicable)				
Examination no:	Exami	nation body:	· · · · ·		
Write the best six subjects ONLY including) English				
Subject		Level (NSSC-O, H)	Symbol		

Section D	: Applic	cant's r	next of	kin*										
Relations	hip:	Moth	her	Fath	er	Spor	isor	C	Guardia	n	Brother		Sister	
Title:	N	۸r.	M	rs.		Ms.			Other(s	s) Sp	Specify			
First name	∋(s):													
Surname														
Meiden N	lame:													
Sex		Fema	le	Мс	le	Oth	er	Sp	ecify					
Date of b	birth	УУ	уу	m m	d d			ID no						
Nationali	ty:		·											
Residenti	al addre	ess:												
Occupat	ion:													
Cellphon	e no: (A	vrea co	ode			Te	elepł	none n	o: (Area		de			
Email:														

Section F: Post School Academic Qualifi	cations (only for post gro	aduate applic	atns*)		
Name of institution	City/Country	Program		Ye	ear
				From	То
Have you ever been	refused/denied admissi	ion to tertiary	Yes		No
	Are you currently enrolle	ed with CMC	Yes		No
Note: A full academic record should acc qualifications should provide NQA evalu		n. Applicants	applying	with fore	ign

Section H: Outstanding Examination								
Have you taken any examination(s) for which you are awaiting results				١	Yes		No	
If "yes" please indicate date of exam	0	d	m	m	У	У	У	У

Section E: English Language Proficiency A. What was your medium of instruction at school	
B. What is your home language	
If the answer to either A or B is not English, provide details of ar the use of English.	ny course(s) completed/exams passec

Passport photo
Certified copy of Identification (ID)
Certified copy of Full birth certificate
Certified copy of academic results/certificate
Certified copy of ID or copy of Next of kin
Certified copy of proof of payment
Certified copy of passport
Proof of application fee

Section F: DECLARATION	
I	ee to abide by
Signature of the applicantDate: dd/mm/yyyy	time: hh:mm
Signature of guardianDate: dd/mm/yyyy	time: hh:mm

Application status (for office use only)								
Have the applicant attached all required documentsYesNo								
Application approved	Pending	Yes	No					
Qualified choice of study	First choice	Second choice	None					
Application accepted		Yes	No					
Notification of applicant	Emailed	Texted	Phone call					