

# IOL ACADEMIC APPLICATION FORM



*Education is the greatest equaliser*

OCT 2019

Please complete this form in full.

IOL STUDENT DETAILS:	
SURNAME:	FIRST NAME:
INITIALS:	MARITAL STATUS:
TITLE:	I.D. NUMBER:
DATE OF BIRTH: yy          mm          dd	POSTAL ADDRESS:
DELIVERY ADDRESS:	TOWN:
STREET ADDRESS:	CELL NO:                                  HOME NO:
YES, I WILL COLLECT THE STUDY MATERIAL <input type="checkbox"/>	OFFICE NO:                                  FAX:
PLEASE DELIVER THE STUDY MATERIAL <input type="checkbox"/>	EMAIL ADDRESS:

DO YOU CONSIDER YOURSELF TO BE A DISABLED PERSON?  
DESCRIBE:.....  
.....  
.....



Richfield Graduate Institute of Technology (Pty) Ltd is registered with the Department of Higher Education & Training as a Private Higher Education Institution under the Higher Education Act, 1997, Registration Certificate No. 2000/HE07/008 & as a Private Further Education College under the Further Education & Training Act, 2006, Registration Certificate No. 2008/FE07/050

- ATTACH ALL YOUR SCHOOL QUALIFICATIONS (FOR 1ST YEAR ACADEMIC COURSES)
- ATTACH ALL YOUR TERTIARY QUALIFICATIONS (FOR POST GRADUATE COURSES)
- ATTACH THE NQA EVALUATION ON YOUR TERTIARY QUALIFICATIONS

Programme Title:                                  ICAS PROGRAMME CODE

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Year    1st 2nd 3rd                                  Semester/Trimester 1st 2nd 3rd

**STUDY BUDDY GROUP:**

YES     NO    MY CONTACT DETAILS CAN BE MADE AVAILABLE TO OTHER STUDENTS

YES     NO    CONTACT DETAILS OF OTHER STUDENTS CAN BE MADE AVAILABLE TO ME

Modules/Subjects	Yes	No	Module Code			
1						
2						
3						
4						
5						
6						

INDICATE HIGHEST QUALIFICATION AS PER YOUR NATIONAL SENIOR CERTIFICATE (Tick)                                  Other

EMPLOYER:.....  
ADDRESS:.....  
PAY POINT:.....  
TOWN:.....

Higher Certificate     Diploma     Degree     Not Achieved

I/We hereby confirm that I/we have received the appropriate career counselling in respect of the above programme and the final decision is mine/our own choice.

\_\_\_\_\_  
Student Signature                                  (Parent/Guardian/Surety)

**NEXT OF KIN/FRIEND** (not residing at the same address/must be 18 years or older)                                  CIF NUMBER:.....

TITLE (MR/MS/OTHER):..... SURNAME:..... INITIALS:..... OCCUPATION:.....  
DATE OF BIRTH:..... TEL/CELL:..... RESIDENTIAL ADDRESS:.....  
EMAIL:..... SPECIFY THE RELATIONSHIP:.....

METHOD OF PAYMENT: (SELECT ONE ONLY)

**1. CASH PAYMENT:**

LOAN AMOUNT: N\$

**BANK DETAILS: INSTITUTE FOR OPEN LEARNING  
FIRST NATIONAL BANK  
ACCOUNT NUMBER: 62122858452  
BRANCH CODE: 281872**

**COMPULSORY:** FAX or E-MAIL or ATTACH – DEPOSIT SLIP + ID NUMBER + STUDENT / CIF NUMBER

NO CASH SHOULD BE PAID to either IOL or TRUSTCO FINANCE PERSONNEL. The responsibility for lost cash remains that of the student.

DECLARE THE SOURCE OF THE CASH:

**2. TRUSTCO FINANCE LOAN:**

SEE / VERIFY THE LOAN APPLICATION FORM FOR: LOAN AMOUNT +  
ADDITIONAL STUDY MATERIALS + APPLICABLE OTHER FEES PAYABLE

= GRAND TOTAL: N\$.....

**ESSENTIAL DOCUMENTS:** CERTIFIED COPY OF ID  
COPY OF LATEST PAYSLIP  
LETTER OF APPOINTMENT

IOL WILL NEED A DECLARATION UNDER OATH IF THERE IS A VARIATION OF YOUR ID PARTICULARS REFERRING TO THE ID, SALARY SLIP AND RELEVANT DOCUMENTS

**THIS IS A LEGAL AND BINDING CONTRACT BETWEEN THE INSTITUTE FOR OPEN LEARNING AND THE UNDERSIGNED**

I DECLARE THAT,

***NO CANCELLATIONS WILL BE ACCEPTED AFTER REGISTRATION***

- (1) All the particulars furnished by me on this form are true and correct, and I undertake to comply with rules, regulations and decisions of IOL, and any amendments thereto, and have taken note of advice which may be applicable to students in general and/or to the field of study for which I am registered;
- (2) The duty is upon myself to establish the level of benefits, if any, offered by my employer in case of successful completion of the course;
- (3) IOL shall be entitled upon notice to the student to provide such equipment or material as it deems necessary in the interest of the student;
- (4) Any cost incidental thereto shall be added to the fees payable. The student mandates IOL to instruct TRUSTCO FINANCE to adjust the loan accordingly;
- (5.1) In case of the goods being delivered by the Seller to the Purchaser, the address submitted by the Purchaser in this agreement shall be deemed to be the official delivery address of the Purchaser and all goods purchased shall be deemed to have been delivered to the Purchaser;
- (5.2) The Purchaser shall be liable to provide the Seller with written notice to the Seller on changing his/her address for the purposes of delivery;
- (5.3) All goods will become the risk and responsibility of the Purchaser once goods have been offloaded at the Purchaser's address set forth in the heading of this Contract. Delivery of the goods shall discharge the Seller of its obligations in terms of this agreement;
- (5.4) The Seller shall not be liable for the loss of goods or profit or any damages to the delivered goods if delivered to Purchaser's address;
- (5.5) In the case of delivery by any other means including that of the Purchaser collecting the goods from the Seller's premises, delivery is deemed to have taken place upon the delivery receipt being signed by the Purchaser and the risk of damage to or the loss of the goods shall pass to the Purchaser at the time of delivery;
- (5.6) It is precedent that the Seller shall not be liable for the loss of profits or any damage direct or indirect, consequential or otherwise, sustained by the Purchaser in consequence of deliveries, which may be in any respect incurred, or in consequence of non-delivery or late deliveries due to breakdowns of machines, strikes, labour disputes, wars, riots, civil commotion, delays by manufactures, or in transport accidents, legislation or regulations of any government or other authority, or other causes beyond our control;
- (5.7) Any times or dates for delivery or performance quoted by Seller are business estimates only and do not contribute contractual obligations;

**PLEASE NOTE!!....IT WILL TAKE 10 WORKING DAYS TO FINALISE YOUR REGISTRATION**

STUDENT (Signature): .....

DATE: .....

MARKETER (name & surname): .....

SIGNATURE: .....

DATE: .....

**APPROVAL OF YOUR APPLICATION MAY BE DELAYED IF ANY OF THE ABOVE INFORMATION IS NOT INCLUDED**

**BACHELOR OF SCIENCE IN INFORMATION TECHNOLOGY**

YEAR 1:	SEMESTER 1	<input type="checkbox"/>	SEMESTER 2	<input type="checkbox"/>	SEMESTER 1 & 2	<input type="checkbox"/>
YEAR 2:	SEMESTER 1	<input type="checkbox"/>	SEMESTER 2	<input type="checkbox"/>	SEMESTER 1 & 2	<input type="checkbox"/>
	Elective Field of Study: (choose one)				SYSTEMS DEVELOPMENT	<input type="checkbox"/>
					SYSTEMS ENGINEERING	<input type="checkbox"/>
					INFORMATION TECHNOLOGY MANAGEMENT	<input type="checkbox"/>
YEAR 3:	SEMESTER 1	<input type="checkbox"/>	SEMESTER 2	<input type="checkbox"/>	SEMESTER 1 & 2	<input type="checkbox"/>
	Elective Field of Study:				CONTINUE WITH YOUR CHOICE FROM YEAR 2	

**DIPLOMA IN INFORMATION TECHNOLOGY**

YEAR 1:	SEMESTER 1	<input type="checkbox"/>	SEMESTER 2	<input type="checkbox"/>	SEMESTER 1 & 2	<input type="checkbox"/>
YEAR 2:	SEMESTER 1	<input type="checkbox"/>	SEMESTER 2	<input type="checkbox"/>	SEMESTER 1 & 2	<input type="checkbox"/>
	Elective Field of Study: (choose one)				INFORMATION TECHNOLOGY MANAGEMENT	<input type="checkbox"/>
					NETWORKS ENGINEERING	<input type="checkbox"/>
					SYSTEMS DEVELOPMENT	<input type="checkbox"/>
YEAR 3:	SEMESTER 1	<input type="checkbox"/>	SEMESTER 2	<input type="checkbox"/>	SEMESTER 1 & 2	<input type="checkbox"/>
	Elective Field of Study:				CONTINUE WITH YOUR CHOICE FROM YEAR 2	

**HIGHER CERTIFICATE IN INFORMATION TECHNOLOGY**

YEAR 1:	SEMESTER 1	<input type="checkbox"/>	SEMESTER 2	<input type="checkbox"/>	SEMESTER 1 & 2	<input type="checkbox"/>
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**DIPLOMA IN COMPUTER APPLICATIONS**

YEAR 1:	SEMESTER 1	<input type="checkbox"/>	SEMESTER 2	<input type="checkbox"/>	SEMESTER 1 & 2	<input type="checkbox"/>
YEAR 2:	SEMESTER 1	<input type="checkbox"/>	SEMESTER 2	<input type="checkbox"/>	SEMESTER 1 & 2	<input type="checkbox"/>
YEAR 3:	SEMESTER 1	<input type="checkbox"/>	SEMESTER 2	<input type="checkbox"/>	SEMESTER 1 & 2	<input type="checkbox"/>

### HIGHER CERTIFICATE IN SYSTEMS ENGINEERING

YEAR 1: SEMESTER 1  SEMESTER 2  SEMESTER 1 & 2

### BACHELOR OF BUSINESS ADMINISTRATION

YEAR 1: SEMESTER 1  SEMESTER 2  SEMESTER 1 & 2   
 Elective Subject: (choose one) HUMAN RESOURCE MANAGEMENT   
 MARKETING MANAGEMENT

YEAR 2: SEMESTER 1  SEMESTER 2  SEMESTER 1 & 2   
 Elective Subject: CONTINUE WITH YOUR CHOICE FROM YEAR 1, or change to ACCOUNTING

YEAR 3: SEMESTER 1  SEMESTER 2  SEMESTER 1 & 2   
 Elective Subject: CONTINUE WITH YOUR CHOICE FROM YEAR 1, or if changed to ACCOUNTING in year 2, continue with ACCOUNTING

### DIPLOMA IN BUSINESS ADMINISTRATION

YEAR 1: SEMESTER 1  SEMESTER 2  SEMESTER 1 & 2   
 Elective Subject: (choose one) ECONOMICS   
 HUMAN RESOURCE MANAGEMENT   
 PUBLIC MANAGEMENT   
 SUPPLY CHAIN MANAGEMENT

YEAR 2: SEMESTER 1  SEMESTER 2  SEMESTER 1 & 2   
 Elective Subject: CONTINUE WITH YOUR CHOICE FROM YEAR 1

YEAR 3: SEMESTER 1  SEMESTER 2  SEMESTER 1 & 2   
 Elective Subject: CONTINUE WITH YOUR CHOICE FROM YEAR 1

### HIGHER CERTIFICATE IN BUSINESS ADMINISTRATION

YEAR 1: SEMESTER 1  SEMESTER 2  SEMESTER 1 & 2



**BACHELOR OF COMMERCE**

YEAR 1:	SEMESTER 1	<input type="checkbox"/>	SEMESTER 2	<input type="checkbox"/>	SEMESTER 1 & 2	<input type="checkbox"/>
	Elective Subject: (choose one)				HUMAN RESOURCE MANAGEMENT	
					MARKETING MANAGEMENT	
YEAR 2:	SEMESTER 1	<input type="checkbox"/>	SEMESTER 2	<input type="checkbox"/>	SEMESTER 1 & 2	<input type="checkbox"/>
	Elective Subject:		CONTINUE WITH YOUR CHOICE FROM YEAR 1, or change to ACCOUNTING			<input type="checkbox"/>
YEAR 3:	SEMESTER 1	<input type="checkbox"/>	SEMESTER 2	<input type="checkbox"/>	SEMESTER 1 & 2	<input type="checkbox"/>
	Elective Subject:		CONTINUE WITH YOU CHOICE FROM YEAR 1, or if changed to ACCOUNTING, continue with ACCOUNTING			<input type="checkbox"/>

**BACHELOR OF PUBLIC MANAGEMENT**

YEAR 1:	SEMESTER 1	<input type="checkbox"/>	SEMESTER 2	<input type="checkbox"/>	SEMESTER 1 & 2	<input type="checkbox"/>
YEAR 2:	SEMESTER 1	<input type="checkbox"/>	SEMESTER 2	<input type="checkbox"/>	SEMESTER 1 & 2	<input type="checkbox"/>
YEAR 3:	SEMESTER 1	<input type="checkbox"/>	SEMESTER 2	<input type="checkbox"/>	SEMESTER 1 & 2	<input type="checkbox"/>

**DIPLOMA IN LOCAL GOVERNMENT MANAGEMENT**

YEAR 1:	SEMESTER 1	<input type="checkbox"/>	SEMESTER 2	<input type="checkbox"/>	SEMESTER 1 & 2	<input type="checkbox"/>
YEAR 2:	SEMESTER 1	<input type="checkbox"/>	SEMESTER 2	<input type="checkbox"/>	SEMESTER 1 & 2	<input type="checkbox"/>
YEAR 3:	SEMESTER 1	<input type="checkbox"/>	SEMESTER 2	<input type="checkbox"/>	SEMESTER 1 & 2	<input type="checkbox"/>

**HIGHER CERTIFICATE IN LOCAL GOVERNMENT MANAGEMENT**

YEAR 1:	SEMESTER 1	<input type="checkbox"/>	SEMESTER 2	<input type="checkbox"/>	SEMESTER 1 & 2	<input type="checkbox"/>
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**HIGHER CERTIFICATE IN RECOGNITION OF PRIOR LEARNING**

YEAR 1:	SEMESTER 1	<input type="checkbox"/>	SEMESTER 2	<input type="checkbox"/>	SEMESTER 1 & 2	<input type="checkbox"/>
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