III UJ RESIDENTIAL APPLICATION 2025

STUDENT NUMBER STICKER

STUDENT NUMBER (PREVIOUSLY ALLOCATED)

ONL	Y FOR FIRST-TIME UND	DERGRADU	JATE/	POST	GRA	DUATE	E	NTER	ING	APP	LICA	INTS	CL	.OSII	NG D	ATE	: 31 (ОСТО)BEF	202	4 AT	12:0	0		
Year	in which you require ac	commodat	ion																						
A.	PERSONAL DETAILS																								
1.	SA identity number/Passport number (international applicant)																								
2.	Surname																								
3.	First names in full																								
4.	Date of birth							D	D D M M Y Y Y Y																
5.	Gender N								е		Fen	nale	е												
6.	Contact Details Cell Number																								
7.	Population group (compulsory), indicate with a tick (According to legal requirements and government reporting purposes this must be completed)															is se	ction								
	African	Colo	ured				I	ndiar	1				V	/hite					0	ther					
B.	PARTICULARS TO SUPP	PORT DISA	BILITY	(IF RE	QUI	RED)																			
	Applicants with disabilities (Please note: All housing is self-supportive)																								
	Would you require acco	ommodatio	n with	n modif	icat	ions to	sup	port	your	disa	bility	?							Yes	3		N	0		
The University must be informed of certain disabilities in order to determine whether it is able to make special arrangements persons with such disabilities. It is the prospective student's responsibility to inform the PsyCaD Office: People with Disabil a declaration to the relevant professional board/s (where applicable) in this regard. Confidential advice can be obtained People with Disabilities, disabilityunit@uj.ac.za or 011 559 3745.									oilitie	s and	l to n	nake													
	If "Yes" state the natu																								
C.	ACCOMMODATION																			_					
	You can only apply for a	e you	u will be attending classes (Indicate with a tic											k 🗸)											
	Auckland Park Kingsw	kland Park Kingsway (APK) Doornfontein (DFC)							Auckland Park Bunting Road (APB)										Soweto (SWC)						
<u> </u>	SIGNATURE/S																								
υ.	SIGNATURE/S																								
	ALL APPLICANTS TO COMPLETE AND SIGN							I	IF UNDER AGE - PARENT / LEGAL GUARDIAN TO COMPLETE AND SIGN														N		
	Initials and surname of applicant (name in print) Signature of applicant (Duly assisted by his/her parent/legal guardian, as may be required by law) Date						Ī	nitial	ls an	d sur	name	e of p	oarer	nt/leç	jal gi	ıardi	an (r	ame	in p	rint)		_			
							5	Signa	ature	of pa	arent	/lega	ıl gua	ırdia	n							_			
								-	Date																