



Full time | Part-time | Distance Application Form

Passport
Photo

Banking Details

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

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

Academic Year

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

Student number

2	0		

OFFICE USE ONLY

APPLICATION
ACCEPTED

APPLICATION
REJECTED

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

Section A: Academic details*

Choices	Program of study	Full time	Part time	Distance
First Choice				
Second Choice				

Section B: Applicant's particulars*

Title	Mr.		Mrs.		Ms.	
First name(s):					Initials	
Surname:						
Date of birth:	y	y	y	m	m	d
Sex			Male		Female	
Residential address:				ID:		
Marital status:		Married:		Single:		
Nationality:			Region of origin:			
Passport no:			Expiry date:			
Cellphone no:			Email address:			
Postal address:						

For Non-Namibians:	Nationality:			
	Passport no:		Expiry date:	
	Type of permit:		Permit no:	
Do you have any disability		No	Yes	<i>If yes please specify</i>

Section C: School leaving particulars*

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

Section D: Applicant's next of kin*

Relationship:	Mother	Father	Sponsor	Guardian	Brother	Sister													
Title:	Mr.	Mrs.	Ms.	Other(s)	Specify														
First name(s):																			
Surname:																			
Meiden Name:																			
Sex	Female	Male	Other	Specify															
Date of birth	y	y	y	y	m	m	d	d	ID no:										
Nationality:																			
Residential address:																			
Occupation:																			
Cellphone no: (Area code)				Telephone no: (Area code)															
Email:																			

Section F: Post School Academic Qualifications (only for post graduate applicants*)

Name of institution	City/Country	Program	Year	
			From	To
Have you ever been refused/denied admission to tertiary		Yes	No	
Are you currently enrolled with CMC		Yes	No	

Note: A full academic record should accompany this application. Applicants applying with foreign qualifications should provide NQA evaluation letters.

Section H: Outstanding Examination

Have you taken any examination(s) for which you are awaiting results	Yes		No	
If "yes" please indicate date of exam	d	d	m	m
	y	y	y	y

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 any course(s) completed/exams passed in the use of English.	

Check Box

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	

Please attach all the required documents, failure to do so may result in disqualification off your application. "X" in the appropriate box.

Section F: DECLARATION

I _____ hereby declare that all the particulars given in this application form are true and correct. I also hereby agree to abide by all the rules and regulations of this University, and any amendments thereto, which I complete by signing together with my guardian and submitting the form.

Signature of the applicant.....Date: 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 documents	Yes		No	
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