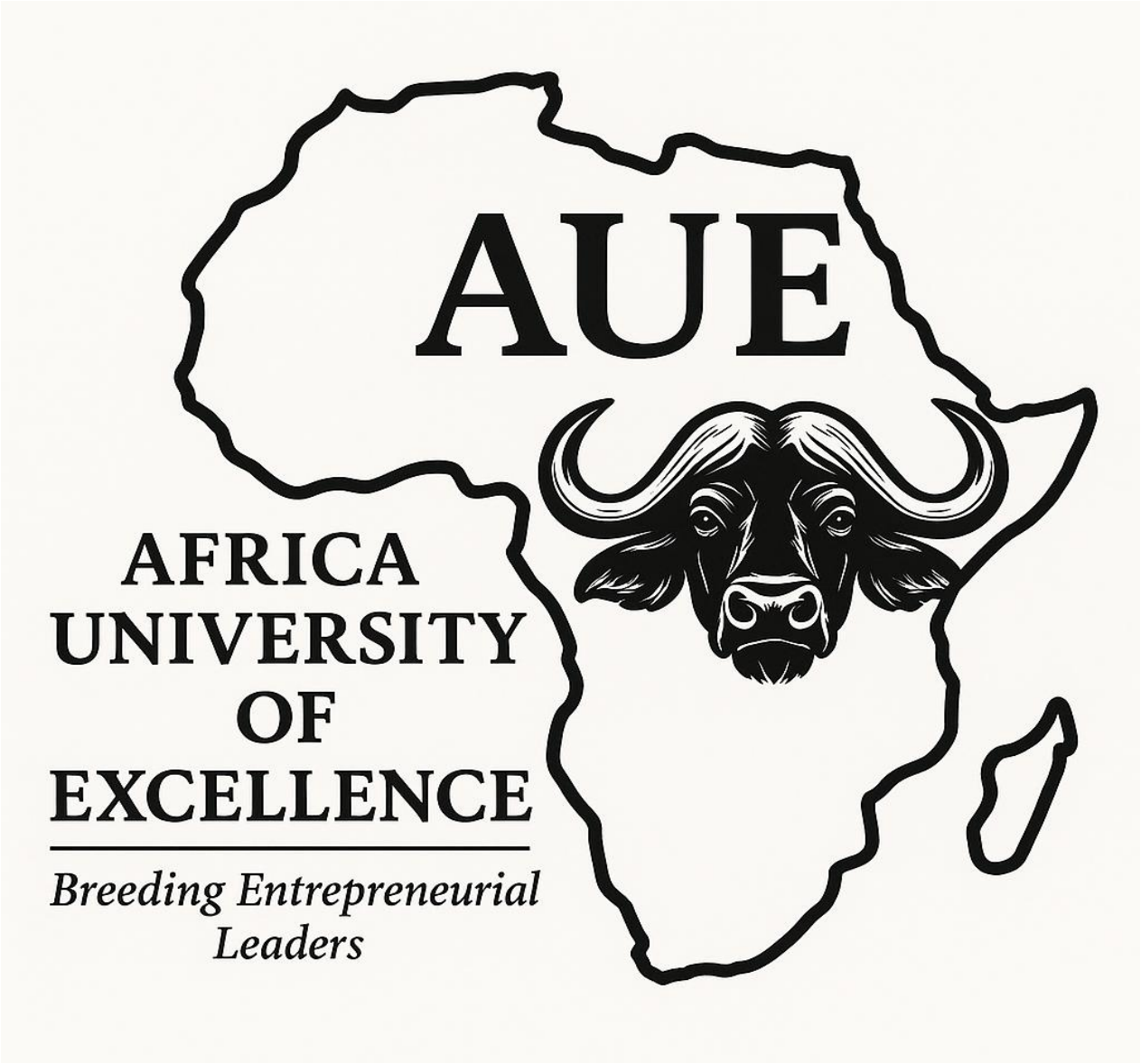
AFRICA UNIVERSITY OF EXCELLENCE

"Breeding Entrepreneurial Leaders"



STUDENT ENROLMENT / APPLICATION FORM

Prepared for: National Council for Higher Education (NCHE)

AFRICAN UNIVERSITY OF EXCELLENCE (AUE)

Email completed form with certified copies of supporting document to:
applications@aue.edu.na

STUDENT ENROLMENT / APPLICATION FORM

Academic Year: _____

Application Type: ☐ New Enrolment ☐ Transfer ☐ RPL ☐ Returning Student

SECTION A: PROGRAMME INFORMATION

1. **Programme Applied For:** _____
2. **Qualification Level:** ☐ Certificate ☐ Diploma ☐ Bachelor's ☐ Honours ☐ Master's ☐ Doctoral
3. **Mode of Delivery:** ☐ Face-to-Face ☐ Blended ☐ Online/Distance
4. **Site of Delivery:** ☐ Windhoek (Main Campus) ☐ Online Campus
5. **Year of Study (if applicable):** ☐ Year 1 ☐ Year 2 ☐ Year 3 ☐ Year 4

SECTION B: PERSONAL DETAILS

1. **Surname:** _____
2. **First Names:** _____
3. **Gender:** ☐ Male ☐ Female ☐ Other
4. **Date of Birth:** ____ / ____ / _____
5. **Nationality:** _____
6. **ID / Passport Number:** _____
7. **Marital Status:** ☐ Single ☐ Married ☐ Other

SECTION C: CONTACT DETAILS

1. **Residential Address:** _____

2. **Postal Address (if different):** _____
3. **Telephone (Mobile):** _____
4. **Alternative Contact Number:** _____
5. **Email Address:** _____

SECTION D: NEXT OF KIN / EMERGENCY CONTACT

1. **Full Name:** _____

2. **Relationship:** _____

3. **Telephone Number:** _____

4. **Email Address:** _____

SECTION E: ACADEMIC HISTORY

1. Secondary Education

- **School Name:** _____
- **Highest Qualification Obtained:** ☐ NSSC ☐ Equivalent
- **Year Completed:** _____
- **Total Points Obtained:** _____

2. Post-School Qualifications (if applicable)

Qualification	Institution	Year Completed

SECTION F: RECOGNITION OF PRIOR LEARNING (RPL)

☐ I am applying through Recognition of Prior Learning (RPL)

Applicants applying through RPL must submit a **Portfolio of Evidence** in accordance with the AUE RPL Policy.

Brief description of relevant experience (attach additional pages if necessary):

_____

_____

_____

SECTION G: FUNDING INFORMATION

1. **How will your studies be funded?**
   ☐ Self-funded
   ☐ Employer-sponsored
   ☐ Scholarship / Bursary (specify): _____
2. **Employer Details (if applicable):**
   Name: _____
   Contact Person: _____
   Telephone: _____

SECTION H: DECLARATION BY APPLICANT

I, the undersigned, declare that the information provided in this application form is true and correct to the best of my knowledge. I understand that:

- Admission is subject to meeting minimum entry requirements;
- Submission of this form does not guarantee admission;
- Fees are payable in accordance with the AUE Fees and Refund Policy;
- False or misleading information may result in cancellation of enrolment.

Applicant Signature: _____ Date: ____ / ____ / _____

PARENT / GUARDIAN CONSENT (FOR STUDENTS UNDER 18 YEARS OF AGE)

This section must be completed if the Student is **under the age of eighteen (18) years** at the time of registration.

I, the undersigned parent/legal guardian, hereby:

- Confirm that I am the lawful parent or guardian of the above-named Student;
- Consent to the Student's enrolment at the African University of Excellence (AUE);
- Accept joint responsibility for the Student's compliance with institutional rules, policies, and codes of conduct; and
- Accept financial responsibility for all prescribed fees and charges, unless otherwise formally delegated in writing.

Parent / Guardian Full Name: _____

Relationship to Student: _____

ID / Passport Number: _____

Residential Address: _____

Telephone Number: _____

Email Address: _____

Parent / Guardian Signature: _____

Date: ____ / ____ / _____

SECTION I: PERSON RESPONSIBLE FOR FEES

(This section must be completed if the applicant is **not** personally responsible for payment of fees.)

1. **Full Name of Responsible Person / Organisation:**
   _____
2. **Relationship to Student:** ☐ Parent ☐ Guardian ☐ Employer ☐ Sponsor ☐ Other:
   _____
3. **ID / Registration Number:**
   _____
4. **Postal Address:**
   _____
5. **Physical Address:**
   _____
6. **Telephone Number:** _____
7. **Email Address:** _____
8. **Employer / Organisation Name (if applicable):**
   _____
9. **Contact Person:** _____
10. **Contact Telephone:** _____

Declaration by Person Responsible for Fees

I, the undersigned, hereby accept full responsibility for the payment of all prescribed fees and charges incurred by the above-named student in accordance with the African University of Excellence (AUE) Fees and Refund Policy.

I understand that failure to settle outstanding fees may result in the withholding of academic results, exclusion from examinations, or cancellation of registration.

Name: _____
Signature: _____
Date: ____ / ____ / _____

SECTION J: FOR OFFICIAL USE ONLY

Application Number: _____
Programme Approved: ☐ Yes ☐ No
Admission Type: ☐ Normal ☐ RPL ☐ Conditional
Registration Fee Paid: ☐ Yes ☐ No
Date of Registration: _____

Admissions Officer Name: _____
Signature: _____ Date: _____

Email completed form with certified copies of supporting document to:
applications@aue.edu.na