



INSTITUTE FOR AFRICAN LEADERSHIP

Investing in Thought Leaders for Africa's Renewal

PLEASE PRINT IN BLACK INK

TMALI student number (returning students)

| | | | | | | | | |
|--|--|--------------------------------|--------------------------------|--------|------|----------------------------------|-------------------------------|---|
| 1 | Choose Programme | ITLR | CAPE | CAIT | CPPA | | | |
| | | GOCA | GAFS | Policy | | | | |
| 2 | Existing Unisa Student Number (if applicable) | | | - | | 3 | Qualification code (eg 76764) | |
| 4 | Surname, Initials, Title (eg Ledwaba KJ Mr) | | | | | | | |
| 5 | First Names | | | | | | | |
| 6 | Maiden Name and/or previous surnames | | | | | | | |
| 7 | Date of Birth | | | | 8 | Gender (Mark with an ✓) | Male | |
| | | Year | Month | Day | | | Female | |
| 9 | Identity Number or Passport Number | | | | | | | |
| 10 | Physical Disabilities | (i) None | (i) Other (specify) | | | | | |
| 11 | Contact Details (dialling code and number) | Tel (h) | () | | | | | |
| | | Tel (w) | () | | | | | |
| | | Cellphone | () | | | | | |
| | | Fax | () | | | | | |
| Email address: | | | | | | | | |
| 12 | May your name and address be given to fellow students for academic purposes? (Mark with an ✓) | | | | | Yes | No | |
| Examination Centre Code - if not available, please indicate name of Examination Centre | | | | | 13 | Home Language | | |
| 14A | Postal Address and Postal Code | | | | 14B | Physical Address and Postal Code | | |
| | | | | | | | | |
| | | | | | | | | |
| | | Postal Code | | | | Postal Code | | |
| 15 | Please indicate the mode in which you would like to receive your Study Material (Mark with an ✓) | | | | | Post | Courier | |
| 16 | Courier Address and Postal Code (for study material during office hours) (NO PO Boxes) | | 17 | | | | | Indicate alternative name and contact details of a person to receive courier parcel |
| | | | Name: | | | | | |
| | | | Cellphone Number (compulsory): | | | | | |
| | | | Name: | | | | | |
| Contact Number (Office hours) | | Cellphone Number (compulsory): | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| 18 | In which format would you like to receive your registration material (Calendars, etc.) in future? (Mark with an ✓) | | | | | Email | CD | Printed copy |
| | | | | | | | | |

INFORMATION GIVEN IN QUESTIONS 20-23 IS USED FOR STATISTICAL PURPOSES ONLY

| | | | | |
|----|---|--|----|--|
| 19 | Nationality | | 20 | |
| 21 | Occupation | | | |
| 22 | Economic Sector (eg Banking, Education) | | | |

Thabo Mbeki African Leadership Institute

PO Box 392, Unisa 0003 South Africa +27 12 337 6171

NB: THE REVERSE SIDE OF THIS FORM MUST ALSO BE COMPLETED

| | | | | | |
|-----------|--|---|------------------------------|--------------------------|------------------------------------|
| 23 | Give particulars of all previous registrations at Unisa and/or another educational institution, starting with the most recent registration | | | | |
| | Institution(s) (eg Unisa, UP, NCP) | Degree(s)/diploma(s) (eg BA,BA HONS, HED) | Year(s) (eg 94-96) | Student Number(s) | If completed, state year(s) |
| | | | | | |
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| 24 | Do you require a Library Access Card? (Only "Yes" if you are not in possession of a Library card and need access to the Library at Mucklenuck 2010) (Mark with an ✓) | Yes | No |
|-----------|--|-----|----|

Questions 26 to 30 must be answered

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| 25 | Highest School Qualification (eg STD 10/Grade 12) | Grade 12 examination number, if available | | | | | | | | | | | | | | | | | | |
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| 26 | Will your qualification be completed with this registration? (Mark with an ✓) | Yes | No |
|-----------|---|-----|----|

| | | | | | |
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| 27 | Indicate the module for which you wish to register | For office use only | | B | UK |
| | Module Code | Semester/Intake | Year | | |
| | | 1 | 2 | | |
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Please Note: All modules are offered in English only

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| 28 | Please indicate the mode in which you would like to receive your study Material (Mark with an ✓) | Post | Courier |
|-----------|--|------|---------|

29 Please include the following documents with the completed and signed application form.
Failure to submit these documents with your application form will result in your application not being processed.
A. A certified copy of your Identity Document/Passport (copy of driver's licence is not acceptable)
B. A certified copy of Senior Certificate and diploma/degree (foreign qualifications must be evaluated by SAQA before being sent to TMALI)
Please note the following:
Upon receiving all required documents, you will be temporarily registered and issued with a student number; this will take approximately 5-10 working days.
Once a student number has been allocated, confirmation of your temporary registration will be sent to you by fax or email. Included in this communication will be the banking details.
• You will then be required to pay the registration fee at any Standard Bank branch or by means of EFT, using your student number and a unique reference number provided in the confirmation letter.
• Proof of payment should be sent to us either by email or fax (086 768 7094/tmali-finance@unisa.ac.za) and only thereafter Study Material will be dispatched to you.
• Completed registration form must be returned to 086 768 7094/tmali-registrations@unisa.ac.za

30 DECLARATION AND UNDERTAKING. I declare that all the particulars furnished by me on this form are true and correct, and I undertake to comply with the rules, regulations and decisions of the University and the institute, 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 intend to register. I undertake to protect the copyright of the university and under no circumstances to make the study material available for use by any other person.

Surname:

First Names:

Date: Student's signature:

Fax/Email the completed form to: 086 768 7094 or tmali-registrations@unisa.ac.za