

Please attach a recent PASSPORT PHOTO of yourself here.

ACADEMI YEAR: 20.....

(A) APPLICATION FEES (NON-REFUNDABLE

• Fee [N\$150.00]

SECTION 1:

Short Course

- Completed application forms should be submitted or couriered to the IUM Independence Branch.
- Attach original deposit slip to the application form upon submission.

(B) COURSE FEES (NON-REFUNDABLE)

• Registration fee (N\$350)

APPLICATION/ADMISSION CONTRACT

- Complete in clear BLOCK LETTERS (or with an x were applicable and in Black ink
- Application must write initials and sign where indicated, to confirm that all pages are accurate, read and understood.
- Incomplete applications cannot be accepted and copies cannot be returned to applicants.
- Required documents must be securely attached and handed in with the Application form.

ACADEMIC DETAILS (Programme of study)

Bank Details:

Bank name: Bank Windhoek

Beneficiary name: IUM-Book Fund **Branch Name**: Kudu Branch, Windhoek

Branch Code: 482172

Session 1

Account Number: 3000338051 Swift Code: BWLINANK

SECTION 2: PE	RSONAL D	ЕТАІ	LS					
Title (e.g Mr., Ms	s., Dr., etc)		Surname					
Full Names							Male	Female
Date of Birth				ID N	No .			
Marital Status	Single		Married					
If not, a Namibia Citizen please provide the Following details:								
Nationality					Passpo	rt No:	Expiry Date	
Type of Permit					Permit	No:	Expiry Date	

Do you have an impairment, disability, or chronic illness we should know about?	Yes	No
If "yes" please specify and attach documents specifying your condition.		
Based on your medical condition, do you have any special need?	Yes	No
If "yes" briefly state your additional needs arising from the above-mentioned medical cond	lition	

Initials:

Session 2

SECTION: APPLICANT CON	TACT DETAILS					
Namibian Postal Address		Foreign Student (postal address from country of origin)				
Name the area Development at Addition of		E C4	J 4 (D	14-1-11		
Namibian Residential Address (while studying)	Foreign Stu	aent (Resid	dential address from Country of origin		
Contact No.		Contact No				
Tel No: Work		Email.	•			
ICI IVO. WOIR		Eman.				
SECTION 4: APPLICANT'S NEX	T OF KIN (PARENT/GI	UARDIAN/ŞP	OUSE/OTH	ERS) to be contacted in case of emergency		
What is your relationship with the		Father		other Spouse Guardian		
Title Mr. Ms.	Surname					
Full Names			•	Initials		
ID. No:	Contact N	No.				
Residential Adress						
Postal Adress						
Tel. No. Work:						
Occupation		Name of E	nployer			
Employer Address						
Email		Tel. 1	lo. Work			
SECTION 5: SCHOOL LEAVI						
Name of last school attended or c						
Highest Grade passed	Year of Examinat	tion		Examination Authority		
SECTION 6: POST-SCHOOL	ACADEMIC QUALIF	FICATIONS				
A by attach a full certified Acade	mic record issued by the	e awarding in	stitution An	onlicants applying with foreign		
qualifications should provide NQ		o a war arring rin		promiss applying with releign		
Where appropriate, indicate profe						
Name of College/ University	City, Count	trv	Year	Name of Programme		
		From	То	8		
			1			
Are you currently enrolled at IUM	Л?			Yes No		
If "Yes" indicate Course of study						
SECTION 7: ENGLISH LANG	UAGE PROFICIENC	CY				
A. What is your medium of inst	ructions at secondary so	chool?				
B. What is your home language	?					
		ails of any cou	rse(s) comr	oleted/ exams passed in the use of English		
		.,,				

SECTION 8: FUNDI	NG				
Provide full name of the and address of Person/Guardian/Company etc. Who will be responsible for your tuition fees and other					
incidentals					
Full name / name of Or	ganization				
Postal Address			Email		
Contact Number:			Tel. No		

SECTION 9: CHECKLIST			
Please read the following are fully before sending your application to us.			
This duly completed form must be submitted to the Cashier's office after verification by the Admission Office. To ensure your			
application is completed tick the checklist below.			
Certified Copies of ID or Passport/(Birth Certificate if the applicant has not yet received an ID)			
One recent passport photo			
Evidence of payment			
Original official translation of the foreign qualification- if in foreign language other than English			
Certified copy of your highest school leaving certificate or other qualification where applicable			

SECCTION 10: DECLARATION TO BE SIGNED BY THE PROSPECTIVE LEARNER/STUDENT
DECLATION BY THE STUDENT
I
Signed on this day of Month of the year 20