



Omega Global University

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Serial Number

OMEGA GLOBAL UNIVERSITY ACADEMIC REGISTRAR OFFICE APPLICATION FOR ADMISSION UNDERGRADUATE PROGRAMMES

SECTION A: REQUIREMENTS FOR MAKING AN APPLICATION

- i. This form should be typed or completed in **BLOCK LETTERS**, and returned to:
The Academic Registrar, Omega Global University, P.O. Box 4258, Nelspruit 1200, South Africa.
- ii. **Attach Copies of** (a) Your current appointment letter (where applicable), (b) Your professional and academic certificates and transcripts, (c) Application Fee Payment Original receipt. (d) National Identity Card
- iii. Application Fee: Applicants from Africa to pay the sum of R2000-00 and/or USD200 while those from outside Africa pay R4000-00 and/or USD400.
- iv. Attach **two** passport size color photographs

SECTION B: APPLICANT'S PERSONAL DATA

- 1) Name.....
(Surname) (Other names in full)
 - 2) Postal Address.....
.....
 - 3) Residential/Street Address.....
.....
Telephone No.....Mobile No.....
Email
 - Nearest Town.....
 - 4) Date of Birth: Day.....Month.....Year.....
 - 5) Citizenship.....
 - 6) Identity Card No.....Passport No.....
 - 7) Gender: Male Female Marital Status.....
 - 8) Do you have any form of physical disability? Yes No
- If so indicate the form of disability

SECTION C: PROGRAM APPLICATION DATA

9) Name of Degree/Diploma/Certificate applied for.....

(b) Mode of Study (Tick as appropriate)

i. Part Time Evening and Weekends

▪ Main Campus (OGU)

ii. Distance or Open Learning Centre (To be ticked by Distance applicants only)

▪ Main Campus (OGU)

SECTION D: APPLICANT'S ACADEMIC BACKGROUND

10) Institution attended and Qualifications obtained.

QUALIFICATIONS	SCHOOL/COLLEGE/UNIVERSITY ATTENDED	YEAR OF COMPLETION	GRADES OBTAINED
I. Academic			
II. Professional			

SECTION E: APPLICANT'S OCCUPATIONAL BACKGROUND

11) Work/Research experience (where applicable)

OCCUPATION	EMPLOYER	WORK STATION	DURATION

SECTION F: APPLICANT'S INFORMATION DECLARATION

I hereby declare that to the best of my knowledge, the information I have given is true and correct.

Signature.....Date.....

SECTION G: OFFICIAL RECOMMENDATIONS

12) For Official Use Only:
Recommendations

Approved	<input type="checkbox"/>
Not Approved	<input type="checkbox"/>
Deferred	<input type="checkbox"/>

Reasons:

Incomplete Information

Others

Signature..... Date.....

SECTION E: OFFICIAL FINAL DECISION TO BE TAKEN

13) Action to be Taken

Admit	<input type="checkbox"/>
Reject	<input type="checkbox"/>

Follow-up action:.....
.....

Signature..... Date.....