



## DEPARTMENT OF AGRICULTURE & RURAL DEVELOPMENT

OWEN SITOLE COLLEGE OF AGRICULTURE  
PRIVATE BAG X 20013  
EMPANGENI  
3880

Tel 035 – 7951345/6  
Fax 035 - 7951379

Dear Sir/Madam

Enclosed please find the application form / prospectus as requested.

When filling in the application, please note the following:

1. A non-refundable processing fee of R100.00 **must** accompany each application. Applications will **not** be processed unless the required payment is made. Please make a direct deposit into the following account:

All postal orders should be made payable to: Owen Sitole Students Union. **Please do not send cash.**

2. Completed application forms must reach this office before 31 October each year.
3. **Incomplete or late applications will not be considered unless under exceptional circumstances.**
4. Attach the following to your application:
  - i) Certified copy of ID.
  - ii) Certified copy of Matric / Senior / School leaving certificates.
  - iii) Certified copies of other educational certificates (if applicable).

If you have not yet completed your Grade 12, please forward a copy of your Grade 11 or latest report (signed by the Principal) and a copy of your matriculation trial examination results as soon as they become available.

5. All correspondence from the College will be sent to the postal address that you provide on the application form.

# APPLICATION FORM

6. Applications and correspondence to the College must be addressed to:  
The Registrar  
Owen Sitole College of Agriculture  
P/Bag X 20013  
EMPANGENI  
3880
7. Should extra space be required for additional information, please use a separate piece of paper and attach it to the application form.
8. Applications will be processed as soon as possible after 31 October and applicants will be notified of the results timeously.
9. Applicants who completed their schooling outside the Republic of South Africa should have their school certificate assessed by the South African Qualifications Authority (SAQA), Postnet Suite 248, P/Bag X06, WATERKLOOF, 0145. A copy of the assessment **must** be attached to the application form.
10. If you have not heard from the College within a reasonable period after 31 October, please contact the College telephonically on 035 – 7951345/6 and enquire as to the status of your application.

Thank you for your interest in Owen Sitole College of Agriculture. I look forward to receiving your application form, indicating your interest in becoming a student at our institution.

Yours faithfully,

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**MR N.S.M. NGCOBO**  
**REGISTRAR: OWEN SITOLE COLLEGE OF AGRICULTURE**

# OWEN SITOLE COLLEGE OF AGRICULTURE

APPLICATION FOR ADMISSION TO OWEN SITOLE COLLEGE OF AGRICULTURE FOR THE YEAR

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PROPOSED COURSE OF STUDY	Agriculture : Crop Production	Agriculture: Animal Production	Home Economics & Crop	Home economics & Animal
SURNAME				
FIRST NAMES				
INITIALS				
DATE OF BIRTH	/	/		
ID NUMBER				
		TITLE	Mr	Mrs
			Ms	Miss

1. The following **certified copies** must accompany your application (All the documentation received becomes the property of the college). Without these documents your application will be incomplete and NOT processed.
  - Copy of the first page of adult Identity document.
  - Matric Certificate Or grade 11 final report if still at school.
  - Other Certificates attained.
2. A certified copy of the applicants Senior Certificate must be forwarded to the college as soon as possible. The deadline for receiving said certificate is the day of registration.
3. Please ensure that all forms and other documents are properly completed and signed by the required person.
4. The closing date for applications is 31 October every year. Late applications will only be considered after selection and in the event of there being vacancies or cancellation.
5. Your application must be accompanied by a R100.00 postal order for administration fee, payable to **OWEN SITOLE STUDENT UNION**.

## PERSONAL PARTICULARS

Male or Female?	Male	Female	Marital status?	Single	Married	Divorced	Widowed	Other
Maiden name (if applicable)								
Do you have any children?	YES	NO	If YES, how many?					
Home language?								
Citizenship?	RSA	Foreign	If foreign, please specify					
Home address:								
Postal address:								
Telephone number(s)	(      )							
Cellular phone								
Telephone number of parent / guardian	(      )							
Have you previously applied to attend this College?	Y	N	If YES, in which Year?					
Have you completed your schooling?	Y	N	In which year did you, or intend to matriculate?					
Do you require accommodation?	Y	N	Do you wish to keep a power-driven vehicle at OSCA?				Y	N

Activities prior to your proposed studies at OSCA (school, further studies, work, other) - please specify

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Is there any matter concerning your health which you feel that the Principal, Registrar, Warden and Matron should be made aware of? If YES, please specify 

Y	N
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Do you have any learning disabilities? If YES, please specify - written proof must be obtained from a specialist in the relevant field (this can be provided upon acceptance to the College) 

Y	N
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**INDEMNITY**

I, the undersigned (full name of student),  
 do, on behalf of myself, my executors, my assigns, my heirs and all my dependants HEREBY ACKNOWLEDGE AND DECLARE THAT should I, as a result of my attending the Owen Sitole College of Agriculture, whether during or in the course of training or not, sustain bodily injury or loss of life, or suffer any damage whatsoever to my property, as a result of the use of transport or if caused by animals or implements or other students or as a result of any cause whatsoever and under any circumstances whatsoever, whether or not such injury or loss or damage may arise out of or may have any connection with any negligence, failure or incompetence on the part of any employee or officer of the State or persons acting on instructions from an officer of the State shall not be liable to me, my assigns, my heirs, my executors or dependants in respect of such injuries, loss of life or damage, as aforesaid; AND on behalf of myself, my executors, my assigns, my heirs and all my dependants I DO HEREBY INDEMNIFY, HOLD HARMLESS AND ABSOLVE the State, its officers and employees, and persons acting on instructions from an officer for the State against and from any claim or damage whatsoever and legal expenses of costs including attorney and client cost, which may arise out of my attending Owen Sitole College of Agriculture as aforesaid, which damage, expenses, or costs may be claimed by any person whatsoever.

SIGNED AT \_\_\_\_\_  
 ON THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ (MONTH & YEAR)  
 SIGNATURE OF APPLICANT / PARENT / GUARDIAN \_\_\_\_\_  
 WITNESS 1 \_\_\_\_\_ DATE \_\_\_\_\_  
 WITNESS 2 \_\_\_\_\_ DATE \_\_\_\_\_

**FOR OFFICE USE ONLY**

- Completed and signed **APPLICATION FORM**
- Non-refundable processing fee of **R 100.00**
- Certified copy of **IDENTITY DOCUMENT**
- Certified copy of **MATRIC / SENIOR / SCHOOL LEAVING CERTIFICATES**
- Certified copies of **OTHER EDUCATIONAL CERTIFICATES**
- GRADE 11 OR LATEST REPORT** (signed by the School Principal)
- COMPLETE**

YES	NO	
YES	NO	
YES	NO	
YES	NO	N/A
YES	NO	N/A
YES	NO	MATRIC
YES	NO	

If **INCOMPLETE** Outstanding information requested: 

Y	N
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 DATE: ..... REF: .....

