APPLICATION FORM



















Application Requirements

Irrespective of the programme you are applying for, please submit the following:

- 1. Certified copy of your ID
- 2. Certified copy of your Passport (for international students only)
- 3. Certified copy of any qualification obtained, plus academic transcripts / latest results
- 4. Certified copy of your Senior Certificate / latest results

Application Fee

Country: _

This Application must be accompanied by a non-refundable Application Fee. This is applicable to first time Vega applicants, and excludes short courses. Please refer to banking details on page two and attach, fax or email proof of payment.

- Standard Application Fee:
- Late Application Fee: R950

| email proof of payment. | | | F |
|---------------------------------|--|--|----------------------|
| • • • | e: R800 (1 June to 31 October 2017 50 (1 November to 28 February 20 | | <u>~</u> |
| Edit Application 1 cc. No. | oo (Thoveniber to 201 ebiddiy 20 | 10) | |
| Please refer to the deta | niled entry requirements on ww | w.vegaschool.com | |
| | | | |
| APPLICANT INFORMAT | ION | | |
| First year of study | JHB _ | PTACTDBN | |
| Qualification: | | | _Full-Time Part-Time |
| (e.g. BCom Honours in Strategi | ic Brand Management) | | |
| What prompted you to ap | ply at Vega? | | |
| | | | |
| STUDENT DETAILS | | | |
| Surname: | | Title (e.g:Miss | /Mr/Mrs): |
| First Names: | | Gender: | FM |
| Race (for equity purposes): | AWICOther: | Home Language | : |
| Personal Challenges (please | e specify, eg: Dyslexia, ADHD etc.): | | |
| | | | |
| RESIDENCY STATUS | | | |
| | | o provide us with a valid study permit. Ac .) exemption certificate. Study permits mu | |
| | " | foreign qualification is required if the qua | |
| | | | |
| South African ID Number: | | | |
| | | | |
| Foreign Student Information | | | |
| Alternate ID type: Expiry Date: | | | |
| Alternate ID Number (Pass | port or Residence Permit etc): | Nationa | ality: |
| | | | |
| CONTACT DETAILS | | | |
| Home Address (House Numb | ber & Street Address): | | |
| | Suburb: | Postal Code: Provir | nce: |
| Country: | Cell Number: | Phone Number | (H): |
| Email: | | | |
| Home Address (House Nur | mber & Street Address): | | |
| | Suburb: | Postal Code: Provi | nce: |

| EDUCATION | |
|---|---|
| High School: | Completion Year: |
| | |
| | National Benchmark Test (NBT) ref no. |
| | |
| PARENT / LEGAL GUARDIAN / NE | T OF KIN |
| Surnamer | Title (agiMr/Mrs): |
| | Title (eg:Mr/Mrs): |
| | Relation to Student: |
| | ress): |
| | Postal Code: Province: |
| Country: | Cell Number: Phone Number (H): |
| Email: | |
| | |
| | |
| | |
| | |
| The IIE reserves the right to amend the | programme syllabus / structure without notice at sole discretion in response to changing industry |
| and / or regulatory requirements. | |
| | |
| Signature: | Date: |
| org. ratar c. | |
| | |
| | |

BANKING DETAILS

| JOHANNESBURG | PRETORIA | DURBAN | CAPE TOWN |
|------------------------------|------------------------------|------------------------------|------------------------------|
| Account Name: | Account Name: | Account Name: | Account Name: |
| The Independent Institute of |
| Education | Education | Education | Education |
| Bank: ABSA | Bank: ABSA | Bank: ABSA | Bank: ABSA |
| Account Number: 4052306991 | Account Number: 4069282601 | Account Number: 4056904652 | Account Number: 4060958043 |
| Branch Code: 331155 | Branch Code: 331155 | Branch Code: 331155 | Branch Code: 331155 |
| | | | |
| Fax: 086 515 7278 | Fax: 086 595 9082 | Fax: 086 548 8556 | Fax: 086 583 9028 |
| Email: jhb@vegaschool.com | Email: pta@vegaschool.com | Email: dbn@vegaschool.com | Email: ct@vegaschool.com |

| FOR OFFICE USE ONLY | | |
|-----------------------|--------------------|----------------|
| Date Read: | Deposit Paid: | _ Letter Sent: |
| Date of Confirmation: | Contact Navigator: | |
| | | |

























HONOURS MASTERS

DEGREES

DIPLOMAS

CERTIFICATES