

**Must be completed before reporting to the International Students Division (ISD)**

**International Students Information Form**

<b>Student Number</b>	
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<b>Country of Origin</b>			
<b>Citizenship</b>			
<b>Nationality</b>		<b>Date of Birth</b>	19 / /

<b>Study course admitted for</b>					
<b>Surname (Last Name)</b>		<b>Title</b>		<b>Initials</b>	
		<b>First Name</b>			

<b>Residential address in RSA</b>			
	<small>POSTAL CODE</small>		

<b>Postal address in RSA</b>			
	<small>POSTAL CODE</small>		

<b>Email address in RSA</b>	
<b>Mobile phone number in RSA</b>	

PLEASE INDICATE WHICH TYPE OF STUDENT YOU ARE						
Full-time Student (International from abroad)	Exchange Student (Semester only)	Study Abroad Student (Semester only)	Elective Student (Short term)	Post Doctoral Fellow		
Block Student	Distance Education (In RSA)	Distance Education (Outside RSA)	Research Only	Any other not mentioned (State)		
Please state Permit/Visa						
Study Permit	Asylum Seeker Permit	Refugee Certificate	Diplomatic Passport	Visitors Visa		
Work Permit	Permanent Residence	Any other (Please state) ----->				
<b>Expiry details of Visa/Permit</b>			Date of <i>expiry</i>		20 / /	
Please state Medical Cover Details						
<b>State name of Medical Scheme</b>					<b>Medical Scheme Membership Number</b>	
					2017 / /	
<b>Signature</b>			<b>Official Stamp</b>		<b>Date</b>	

**Please note: Signature/stamp of the UP official does not confirm the accuracy of the content provided on this form, it merely acknowledges receipt of the form subject to verification of original documentation provided.**