

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

INFORMATION FORM: INTERNATIONAL STUDENTS (Unblock Form)

Student Number	
----------------	--

Country of Origin			
Citizenship			
Nationality		Date of Birth	19 / /

Study course admitted for						
Surname (Last Name)		Title		Initials		First Name

Residential address in RSA				
			POSTAL CODE	

Postal address in RSA				
			POSTAL CODE	
Email address in RSA				
Mobile phone number in RSA				

PLEASE INDICATE WHICH TYPE OF STUDENT YOU ARE									
Full-time Student		Exchange Student		Study Abroad Student		Elective Student		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 Visa		Asylum Transit Visa		Refugee Certificate		Diplomatic Passport		Visitors Visa	
Work Visa		Permanent Residence		Any other (Please state) ----->					
Expiry details of Visa/Permit					Date of expiry			20 / /	
Please state Medical Cover Details									
State name of Medical Scheme								Medical Scheme Membership Number	
Expiry details of Medical Aid membership					Date of expiry			2018 / /	
								2018 / /	
CSC Consultant Signature					Official Stamp			Date	

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.