

**DEPARTMENT OF PSYCHOLOGY**

**APPLICATION TO STUDY FOR A MAGISTER ARTIUM DEGREE IN PSYCHOLOGY 2023**

**PLEASE SELECT ONE CATEGORY ONLY** { \* **Clinical Psychology**

{ \* **Counselling Psychology**

Application for the above degree will be considered on receipt of the following documents: **(INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED)**

- ψ One completed copy of Application Form (U.24/SP5) PASSPORT
- ψ Three referee reports SIZE
- ψ Written autobiography (Max 4 pages) PHOTOGRAPH

- **Please complete the forms in full and use block letters** **MANDELA STUDENT**
- NO.:**
- **Mark any section that is not applicable with N.A.** .....

PLEASE NOTE THAT THE ABOVE DOCUMENTS MAY ONLY BE SUBMITTED UPON COMPLETION OF PHASE 1 (ONLINE OR WITH MANUAL APPLICATION) – SUBMIT DIRECTLY TO THE DEPARTMENT

**A. NAME AND ADDRESS**

1. TITLE: .....

2. INITIALS: ..... 3. SURNAME: .....

4. FIRST NAMES (in full): .....

5. MAIDEN NAME (Married woman): .....

6. ADDRESS: .....

.....

POSTCODE: ..... TELEPHONE NO: .....

CELL NO: ..... FAX NO: ..... E-MAIL: .....

**B. PERSONAL PARTICULARS (Indicate with a X where applicable)**

IDENTITY NUMBER: ..... (PASSPORT NO. in case of foreign applicants)

MARITAL STATUS	Single	Married	Divorced
	Widow	Widower	
GENDER	Male	Female	

HOME LANGUAGE: .....

CORRESPONDENCE LANGUAGE:

English	Afrikaans
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PLEASE RATE YOUR LANGUAGE PROFICIENCY AS GOOD/AVERAGE/WEAK:

	SPEAK	READ	WRITE
AFRIKAANS			
ENGLISH			
XHOSA			
OTHER (Specify)			

DATE OF BIRTH: .....

NATIONALITY: .....

OCCUPATION OF PARENT OR GUARDIAN: .....

**C. OCCUPATIONAL INFORMATION**

PARTICULARS OF YOUR EMPLOYER (where applicable)

NAME: .....

ADDRESS: .....

.....

POSTCODE: .....

TELEPHONE NO: .....

BRIEFLY DESCRIBE YOUR OWN OCCUPATION AND WORK EXPERIENCE:

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**D. ACADEMIC PARTICULARS**

DEGREES/DIPLOMAS **ALREADY OBTAINED**:

DEGREE / DIPLOMA	WHEN OBTAINED (Month and year)	INSTITUTION

**DEGREES/DIPLOMAS CURRENTLY BUSY WITH:**

DEGREE / DIPLOMA	TO BE OBTAINED (Year)	INSTITUTION

**E. ADDITIONAL INFORMATION**

RECREATIONAL ACTIVITIES (e.g. sports, societies, hobbies) .....

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ANY SIGNIFICANT MEDICAL INFORMATION? (Please provide details)

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ANY OTHER INFORMATION RELEVANT TO YOUR APPLICATION? (e.g. Community or Research involvement; Lifeline counselling; special courses/workshops attended; organizing/managing experience, etc.) (Attach a separate sheet if space inadequate)

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PLEASE PROVIDE NAMES OF ORGANISATIONS AND CONTACT PEOPLE:

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**F. STUDENT REGISTRATION**

HAVE YOU PREVIOUSLY APPLIED FOR THE ABOVE DEGREE AT NELSON MANDELA UNIVERSITY?

YES	NO
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IF "YES", SPECIFY YEAR: .....

WERE YOU PREVIOUSLY REGISTERED AT NMMU (FORMER UPE/VISTA)?

YES	NO
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GIVE THE NAME/S OF UNIVERSITIES TO WHICH YOU HAVE APPLIED AT FOR NEXT YEAR

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ARE YOU OR EITHER OF YOUR PARENTS / GUARDIANS A MEMBER OF THE MANDELA UNIVERSITY STAFF?

YES	NO
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IF "YES", STATE 1. NMU DEPT/SECTION .....

2. POSITION .....

**G. PLEASE PROVIDE THE NAMES OF THREE REFEREES (At least two referees must be academic staff members of a Psychology Department – relatives, friends and fellow students will not be accepted).**

1. TITLE: ..... INITIALS: .....

SURNAME: .....

ADDRESS: .....

..... CODE: ..... TEL: (.....) .....

2. TITLE: ..... INITIALS: .....

SURNAME: .....

ADDRESS: .....

..... CODE: ..... TEL: (.....) .....

3. TITLE: ..... INITIALS: .....

SURNAME: .....

ADDRESS: .....

..... CODE: ..... TEL: (.....) .....

APPLICANT SIGNATURE

DATE

**PS: THIS FORM MUST BE SUBMITTED TO THE DEPARTMENT OF PSYCHOLOGY ONLY**

**FOR OFFICE USE ONLY**

**H. RECOMMENDATION BY HEAD OF DEPARTMENT**

1. RECOMMENDED

YES	NO
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Clinical: ..... Counselling: .....

Educational: ..... Research: .....

2. IS STATUS RECOMMENDED IN TERMS OF THE AMENDED HIGHER EDUCATION ACT, ACT NO 101 OF 1997?

YES	NA
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SIGNATURE: .....

**Head of Psychology Department  
Nelson Mandela University**

DATE: .....