

APPLICANT DECLARATION AND UNDERTAKING

I hereby declare that the information provided above is correct and undertake to provide any additional information that may be required to render my application a success.

Applicant's Signature _____

Date

Y	Y	Y	Y	M	M	D	D
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Please include a certified copy of your ID/Passport/Study Permit/Asylum Seeker Temporary Permit/ BI 1693 Form with this application. Visit the campus of your choice with your completed documentation or email your completed application form and supporting documents to the campus of your choice.

GAUTENG

Alberton

79 5th Avenue ▪ (011) 869 0183

Kempton Park

Kempton Place (Kempton City), Pretoria Road
▪ (011) 970 4281

Midrand

Old Pretoria Road ▪ (011) 312 1585

Pretoria

1059 Francis Baard Street ▪ (012) 322 2800

NORTH WEST

Rustenburg

91 Tuin Street ▪ (014) 594 2691

LIMPOPO

Louis Trichardt

69 President Street ▪ (015) 516 6175

Polokwane

54 Schoeman Street ▪ (015) 291 3122

FREE STATE

Bloemfontein

89 Donald Murray Avenue, Park West
▪ (051) 430 9702

EASTERN CAPE

East London

14 St Mathews Road, Southernwood
▪ (043) 743 5778

Port Elizabeth

2 Ring Road, Greenacres ▪ (041) 585 3246

Queenstown

11 Ebden Street ▪ (045) 838 5057

MPUMALANGA

Nelspruit

45 Ferreira Street, Travel Today Building
▪ (013) 755 1708



STUDENT APPLICATION FORM

 087 551 1744

 info@msccollege.co.za

 /MSCBusinessCollege

 www.msccollege.co.za

 @mscbuscollege

EDUCATING AND INSPIRING LEADERS IN THE DIGITAL AGE

Date reference stamp

Stamp campus detail here

APPLICATION FORM

GENERAL INFORMATION (please indicate with an "X" where necessary)

CAMPUS OF INTEREST

GAUTENG

- Alberton
 Kempton Park
 Midrand
 Pretoria

EASTERN CAPE

- East London
 Port Elizabeth
 Queenstown

LIMPOPO

- Louis Trichardt
 Polokwane

MPUMALANGA

- Nelspruit

FREE STATE

- Bloemfontein

NORTH WEST

- Rustenburg

STUDY AREA OF INTEREST

- IT & Computers
 Hospitality & Tourism
 Project Management
 Wholesale & Retail
 Social Studies
 Engineering Studies
 Financial Accounting & Bookkeeping
 Secretarial & Business Administration
 Human Resources Management
 Public Relations & Marketing Management

APPLICANT DETAILS (please indicate with an "X" where necessary)

Select ID Type	<input type="checkbox"/> National ID	<input type="checkbox"/> Passport NO	<input type="checkbox"/> Work Permit	<input type="checkbox"/> Driver's License	<input type="checkbox"/> Temporary ID							
ID Number (Please attach copy of your ID)	<input type="text"/>											
Date of birth	Y	Y	Y	Y	M	M	D	D	Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss
First name	<input type="text"/>				Middle name(s)	<input type="text"/>						
Surname	<input type="text"/>				Maiden name	<input type="text"/>						
Home language	<input type="text"/>				Gender	<input type="checkbox"/> Male			<input type="checkbox"/> Female			

GUARDIAN REQUIRED FOR UNDER 18 YEAR OLD APPLICANT

Full names

Identity Number (Please attach copy of your ID)

EMERGENCY CONTACT DETAILS

Full names

Relationship

Contact number

APPLICANT PERSONAL DETAILS (please indicate with an "X" where necessary)

Nationality	<input type="text"/>							
Resident status	<input type="checkbox"/> South African	<input type="checkbox"/> Dual (SA plus other)	<input type="checkbox"/> Permanent Resident	<input type="checkbox"/> Other				
Race	<input type="checkbox"/> Black	<input type="checkbox"/> Coloured	<input type="checkbox"/> White	<input type="checkbox"/> Indian/Asian				
Disability	<input type="checkbox"/> None	<input type="checkbox"/> Sight	<input type="checkbox"/> Hearing	<input type="checkbox"/> Communication	<input type="checkbox"/> Physical	<input type="checkbox"/> Intellectual	<input type="checkbox"/> Emotional	<input type="checkbox"/> Multiple
Highest qualification	<input type="text"/>							
High school	<input type="text"/>							

APPLICANT CONTACT DETAILS

Email address

Contact numbers	Home number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Work number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Cell number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Fax number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

APPLICANT PHYSICAL ADDRESS

Line 1

Line 2

City Postal code

APPLICANT POSTAL ADDRESS (please indicate with an "X" where necessary)

Line 1

Line 2

City Postal code

Province Eastern Cape Free State North West Gauteng Mpumalanga Limpopo

WHERE DID YOU HEAR ABOUT MSC? (please indicate with an "X" where necessary)

Source	<input type="checkbox"/> Newspaper	<input type="checkbox"/> Poster	<input type="checkbox"/> Flyer	<input type="checkbox"/> Word of Mouth	<input type="checkbox"/> Radio	<input type="checkbox"/> School Visit	<input type="checkbox"/> Exhibition	<input type="checkbox"/> Internet	<input type="checkbox"/> TV
	<input type="checkbox"/> Passing By	<input type="checkbox"/> Signage	<input type="checkbox"/> Mobile Ads	<input type="checkbox"/> Yellow Pages	<input type="checkbox"/> Magazine	<input type="checkbox"/> Calling In	<input type="checkbox"/> Mall/Shop	<input type="checkbox"/> Open Day	<input type="checkbox"/> Past Student

ACCOUNT PAYER DETAILS IF NOT APPLICANT

Full names

Relationship

Identity Number (Please attach copy of your ID)

Email address

Contact number

ACCOUNT PAYER PHYSICAL ADDRESS

Line 1

Line 2

City Postal code

ACCOUNT PAYER POSTAL ADDRESS (please indicate with an "X" where necessary)

Line 1

Line 2

City Postal code

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Please turn over →