

REPUBLIC OF SOUTH AFRICA DEPARTMENT OF HOME AFFAIRS APPLICATION FOR A STUDY PERMIT

184	$\overline{}$	· D -	-	NT

- Please note that foreign students have no automatic claim to local medical or legal services whilst in the Republic and appropriate (i) provision should be made to meet any such eventualities.
- This form must be submitted with the basic form BI-159: A
- All applicants are required to complete paragraphs 1 to 4. If the applicant is a minor (under 21), paragraph 5 must be completed and signed by both parents. Paragraph 6 must be completed and signed by a registered medical practitioner. Paragraph 7 is only apllicable to applicants for primary and secondary eduction. Students for tertiary education are required to either lodge a cash deposit or bank guarantee for repatriation purposes.
- A letter of acceptance by the relevant educational authority on the educational institution's official letterhead must accompany the application.
- All supporting documentation, as specified, must be attached in the space allocated for this purpose on form BI-159: A.
- Please note that persons wishing to enter the country for practical training exclusively or students who wish to take up employment not pertinent to their studies in the RSA, should obtain work permits. Students who take up employment without prior authorisation will be dealt with as prohibited persons.

AS SUBMITTED BY

1. MOTIVATION:

SURNAME/FAMILY NAME	GIVEN NAMES	DATE OF BIRTH

1.1	Detailed reason(s) why you wish to pursue your studies in the RSA:
1.2	Details of educational qualifications to date:

2. PROPOSED STUDIES

	PROPOSED STODIES			
2.1	Details of the course to be followed/study programme	e:		
2.2	Total number of years of proposed course:	2.2 Current year	of study/presently in standard:	
2.4	Final diploma/degree being studied for:			
2.5	Major subjects:			
2.6	Name/Title of chosen educational institution:			
2.7	Accomodation arrangements:			
2.8	Name and address of guardian, if applicable:			
3.	APPLICANTS UNDERTAKING TO LEAVE THE RS.	A ON COMPLETION OF	HIS/HER STUDIES	
4.	I understand the contents and implications of this app			my study permit.
	Signed at	this	day of	
				19
5.	Parental Authorization Iaddress			being the mother
5.	I			being the mother
5.	addressand I			being the mother
5.	Iaddressand Iaddress			being the motherbeing the fatherbeing the fatherbeing the father
5.	I			being the motherbeing the fatherbeing the fatherbeing the father
5.	I			being the motherbeing the fatherbeing the fatherhereby consent

NOTE: If parents are divorced, a certified copy of the divorce decree must be submitted.

6.	MEDICAL REPORT
	I,in my capacity as a medical doctor with a practice situate
	at
	Telephone No: (code)
	hereby declare that an examination of
	has revealed that
	Signed
	Date:/
	Medical Registration No.
7.	DECLARATION: EDUCATIONAL INSTITUTION
7.1	Primary and Secondary education
	I,
	in my capacity as
	known as
	situated at
	Telephone: (code) Facsimile: (code)
	hereby undertake full responsibility for
	to repatriate him/her to his/her country of origin/residence should this become necessary. I also declare that:
	Signature of Head of Educational Institution Signature of witness
	Signed atday of
	- Syriod dalliminus day of the syriod day of the

7.2 Tertiary education

Please note that only a cash deposit or bank guarantee (prescribed forms obtainable from foreign offices) are acceptable as repatriation guarantee in respect of tertiary students.