



# St Joseph's Theological Institute (RF) NPC

(Company number 2003/009125/08. PBO number 930007111)

Registered with the Department of Higher Education and Training as a Private Higher Education Institution under the Higher Education Act, 1997 (Registration Certificate number 2003/HE08/003).

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## STUDENT ENROLLMENT CONTRACT

THE ENROLLMENT CONTRACT IS BINDING  
ON APPROVAL OF ADMISSION

For Office Use: Student Number assigned

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PROGRAMME APPLIED FOR: (Please indicate with X)

BA: Development	BA: Philosophy	BA: Theology	PG Dip.TH	Auditor
(3 Yrs.)	(3 Yrs.)	(3 Yrs.)	(1 Yr.)	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### PERSONAL DETAILS

Please supply one certified copy of SA Identity document or passport page bearing photograph and personal details of the applicant and valid study permit/visa.

- Surname: \_\_\_\_\_
- Given Names (as on official documents): \_\_\_\_\_
- Identity No.: \_\_\_\_\_
- Passport No. \_\_\_\_\_
- Birth Date: \_\_\_\_\_
- Nationality: \_\_\_\_\_
- First Language: \_\_\_\_\_
- Other Languages Spoken: \_\_\_\_\_
- Religious Congregation/Diocese or Sponsor: \_\_\_\_\_
- Address: \_\_\_\_\_

### EDUCATIONAL BACKGROUND *Please supply certified copies of all relevant educational records.*

- Matriculation/NSC or Equivalent (date, place, symbol): \_\_\_\_\_
- Other Academic Qualifications (college/university/seminary). State name of institution, place, date and qualification awarded:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### PAYMENT OF FEES

- Title, Full Name and Address of the Person Responsible for the Payment of Fees:  
\_\_\_\_\_  
\_\_\_\_\_

15. Tel. \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

16. Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_

17. Signature of Sponsor: \_\_\_\_\_ Date: \_\_\_\_\_

## 18. PERMISSION TO RELEASE INFORMATION

I, \_\_\_\_\_,

ID/Passport No. \_\_\_\_\_ hereby give consent for St Joseph's Theological Institute NPC to release my transcripts and other information in my academic record to my religious superiors who are also my sponsors.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Before: (name :) \_\_\_\_\_ (signature :) \_\_\_\_\_ as official witness for St Joseph's Theological Institute.

## 19. MEMORANDUM OF AGREEMENT

I, \_\_\_\_\_ declare that

1. All particulars given by me in this form are true and correct;
2. I will acquaint myself with the Prospectus, policies and the rules and regulations of the St. Joseph's Theological Institute and will abide by them, especially with the rules about Complementary Studies (PG 6.5);
3. I will inform the Registrar immediately, in writing, should I change my address or cancel or change my course or any subjects;
4. I am aware that my enrolment is valid only if it complies with the relevant regulations of the Institute; notwithstanding provisional acceptance of this enrolment by the Institute;
5. I am aware that fees and legal costs will be recovered from me or my sponsoring body should I fail to fulfil my financial commitments towards the Institute;
6. I hereby give consent to the Institute and its subcontractors or operators to collect and process my personal information for the purposes of this agreement provided such information is kept confidential;
7. I understand that subject to applicable laws and rules and regulations of the Institute, I may access the personal information SJTI has about me by contacting the office of the Registrar and if necessary request that corrections be made;
8. I authorise the Institute to provide information relating to my studies and conduct while at the Institute to other educational institutions, my parents or legal guardian, my employer or my sponsors to enable such a sponsor or funder to determine the continuation of such sponsorship or funding;
9. I authorise the Institute to provide information relating to my studies and conduct to potential sponsors or potential employers to enable such potential sponsor or potential employer to decide whether to provide me with funding, training or employment opportunities;
10. I grant the Institute permission to enquire and verify my qualifications already obtained in other institutions;
11. I accept full responsibility for the payment of all tuition fees as well as any other fees determined by St. Joseph's Theological Institute;
12. I accept that my examination results/ certificate/diploma/degree and study records may be withheld under the following circumstances:
  - (i) In the event of my student account being in arrears, or
  - (ii) In the event of any disciplinary matter pending against me;
13. I hereby cede and transfer to the Institute all rights and title in any intellectual property created by me during my course of study or in any research project I undertake at the Institute, unless otherwise agreed.
14. *Delete (a) or (b), whichever is inapplicable:*
  - a) I am capable of concluding an agreement and am legally competent to sign this application and may therefore enter, unassisted, into an agreement with St. Joseph's Theological Institute; or
  - (b) I sign this application and enter into an agreement with St. Joseph's Theological Institute with the permission of my religious institute/diocese/parents/guardian/husband.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

## 20. DECLARATION BY GUARDIANS / SPONSORS

Herein assisted as far as may be necessary while the applicant or student is still under the age of eighteen years or belongs to an institute of consecrated life or society of apostolic life or a diocese.

I, \_\_\_\_\_ (Print first names and surname)

the undersigned, in my capacity of \_\_\_\_\_ (superior/rector/parent/legal guardian) hereby admit that I am to be jointly and separately responsible for moneys, the above applicant may at any stage owe St. Joseph's Theological Institute in terms of agreement that he/she has concluded with the Institute, as set out above, including any alterations to such agreement.

\_\_\_\_\_  
Signature of superior/rector/parent/legal guardian

\_\_\_\_\_  
Date

## 21. DEPARTMENT OF HIGHER EDUCATION AND TRAINING DECLARATION

I, \_\_\_\_\_

Student No. \_\_\_\_\_

am fully aware that the programme I have enrolled on, that is, \_\_\_\_\_, with

SAQA ID: \_\_\_\_\_, is registered with the Department of Higher Education and Training to St Joseph's Theological Institute NPC until \_\_\_\_\_, as indicated on the registration certificate

dated \_\_\_\_\_.

## 22. INDEMNITY AGAINST CLAIMS FOR LOSS OR DAMAGES

I, \_\_\_\_\_ (full name),

the undersigned, hereby declare that I (including my dependants) shall not institute any claim of any nature whatsoever against St. Joseph's Theological Institute or any employee of the St. Joseph's Theological Institute, acting within his or her employment capacity, nor shall I in any way whatsoever hold St. Joseph's Theological Institute responsible for any loss or damage that I may suffer in person or in respect of any property of mine, or which may directly or indirectly arise from my commitment, as a registered student, towards St. Joseph's Theological Institute, resulting from any act or omission whatsoever during the full period of my tuition and/or practicals, or during any sport activity that I undertake, or during any time that I live in a residence of St. Joseph's Theological Institute, or during any trip of journey that I undertake to or from such residence or tuition or practical training or with regard to any activities at practical training locations, regardless of the way in which such loss or damage may occur and regardless of who or what may be responsible. I undertake to participate in any activity that I am expected to participate in, on my own responsibility, voluntarily taking on any risk I may expose myself to in connection with any such activity.

I hereby confirm that I will timeously acquaint myself with all the information and rules in connection with practical training, and that I am, as a registered student of St. Joseph's Theological Institute, bound to adhere to the General Rules and Regulations of St. Joseph's Theological Institute.

I understand that the terms and conditions of this indemnity shall remain in force for the duration of my studies at the St. Joseph's Theological Institute.

I furthermore declare that, in case I am injured in such a manner that I cannot personally give consent to any medical treatment or medical intervention that I may be in the dire need of, the supervisory staff may sign the necessary letters of consent on my behalf.

Thus signed at \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

Student's signature: \_\_\_\_\_

Signature of superior/rector/parent/guardian, if applicable: \_\_\_\_\_

(if student is a member of religious institute or diocese or minor)

**NB: IT IS COMPULSORY THAT THIS CONTRACT BE SIGNED BY ALL PARTIES CONCERNED**

Application Approved By Academic Dean: \_\_\_\_\_ Date: \_\_\_\_\_

(Signature)