## **UP with SCIENCE**

## **Application Form 2016**



Pretoria 0002 Republic of South Africa http://www.up.ac.za

Please note:		before or on 16 April 2016. Registered mail is
Postal address: The UP with SCIENCE Project Manager, Sci-Enza, Faculty of Science, University of		
Applicant	Pretoria, Private Bag X20, Hattield, 0	J28 Pretoria
Surname	First	names
I am a South Afr	ican Citizen yes no If	
Home Language	e: Afrikaans English S	First names  Citizen yes no If no, have permanent residence yes Gender: Female other Female of Gender: Gen
If sp	other, choose your preferred langua ecify your home language on the ri	
Telephone no. o	f applicant:	Cell:
Home Address		
Postal Address .		Code:
e-mail Applicant:		Parent/Guardian:
Name of Parent	or Legal Guardian	
Occupation of Pa	arent or Legal Guardian	
Telephone Numb	pers of parent or guardian	
Home:	Work:	Cell:
Name of School		Name of Science Teacher
Postal Address of	of School	
		Code:
School: Telepho	one No.	Fax no.
School: e-mail:		
	% (Symbol:	) 60% minimum required) 60% minimum required
Signature of App	licant	Date
(I have read the in tunities and obliga	formation pamphlet on the UP with SC tions that it provides. I have given my	IENCE programme and understand the opporchild or ward, as the case may be, whose name
attached to this ap  Essay by th  Letter of rec	ncomplete applications will be acceptification – please tick: e applicant (consult guidelines) commendation (form) ne applicant's science teacher	Completed Biographical Questionnaire