



**SADC UNIVERSITY OF AFRICAN
MEDICINE FORWARD WITH UNITY**

APPLICATION FORM ADDMISSION FOR 2025

(For more information visit www.sadc-uam.com)

This form is an application for admission and therefore binding upon either the applicant or the university
Applicant should still register in person on the date presented on press.

R150.00 (ONE HUNDRED AND FIFTY ONLY) NON-REFUNDABLE APPLICATION FEE SHOULD BE PAIED AT

FNB BANK ACCOUNT NO. 6288 7829 649 AND Brunch code: 2502 05
(Account holder SADC University of African Medicine)

WRITE YOUR I.D NUMBER AS YOUR REFERENCE NUMBER

Application forms without Proof of Payment will not be considered

Instructions for completing the form

1. Complete the form in full and answer all questions
2. Write in block letters in the squares
3. Mark only appropriate answer with an (X) in the squares where options are given
4. Please use a black pen

**Completed application forms
should be returned to the
following email address:
Scan all your documents before
submission**

admin@sadc-uam.com

Please attach CERTIFIED COPIES of the following documents:

- ❖ Copy of your identity document or passport
- ❖ Your profile (certificates applicant may have)
- ❖ Proof of your initiation

Population group			
Black		Asian	
Coloured		White	

Citizenship											
South Africa		Namibia		Angola		Comoros		Eswatini		Madagascar	
Zimbabwe		Seychelles		Botswana		DRC		Lesotho		Malawi	

Occupation Category											
Title	Mr		Ms		Dr		Prof		Rev		
Surname & initials											
Occupation											
Address											
Postal code											

Applicants with Disabilities					
blind		Partially sighted		deaf	
				Partially deaf	Wheel Chair
Paraplegia		Aliments		Epilepsy	Cerebral palsy
Psychology or learning difficulty		Other (give details)			

Spiritual Information

Diviner		Herbalist	
Birth attendance		Circumciser	
Prophet			

	Duration of initiation		Instrument of consultation

I DECLARE :

To comply with the rules and regulations of SADC University Of African Medicine, should my application be successful.

1.2 To inform the School Administrator immediately, if I change my address, e-mail, telephone or cell number and

1.3 To acquaint myself, with all the rules and regulations that relate to the programme for which am applying.

2 I / We hereby absolve the University of SADC University of African Medicine, its staff, employees, representatives and/or agents from any claims which I/the student may acquire as a result of any injuries which I/the student may receive and/or damages which I/the student may suffer as result of any happening, incident, accident, injury, illness or death however it may have resulted or as a result of my/his/her participation in any tour/outing/excursion/visit or transport which may take place during my/his/her studies at the University.

3. I /We accept that I/the student shall participate in the activities mentioned in paragraph 2 on my/his/her own responsibility and shall voluntarily accept the risk incidental thereto.

4 I /We hereby accept liability for the payment of all study, class or other fees which may be charged by the University as a result of my/his/her studies at the University, if the application is successful.

5 I am aware that my enrolment is valid only if it complies with the regulations of the programme concerned, notwithstanding the acceptance of this application by the institution.

6 I declare:

a. that I conclude this agreement with the knowledge and consent of my

Parents / guardians/ employer.

b. that all particulars given by me on this form are true and correct.

Signature of student

Date
/ / 2024

Signature of Parent/Gaudian(if an applicant is under 21)	Date
	/ / 2024

For office use only	
Receipt no.	
Amount no.	

University use only		
Admitted		
Waitlisted		
Rejected		
Give reason Of rejection		

Signature of Dean/ head of department		D	M	Year

Date received

School Stamp