



## **FORMS PACK**

It is important you begin completing these forms as soon as possible.

Be sure to reference your Pre-Departure Checklist -- not every form is applicable to every student, and not all things you must do are included in this Pack.

All paperwork prior to departure should be mailed to interstudy at the address listed below.

interstudy  
63 Edward Street  
Medford, MA 02155-6653  
Voice: 781.391.0991  
Toll Free: 1.800.663.1999  
eMail: [studyabroad@interstudy.org](mailto:studyabroad@interstudy.org)

**FAXES:** All signed forms EXCEPT visa or program application forms can be faxed rather than mailed to interstudy at 781.391.7463



## FLIGHT AND VISA MEMO OF UNDERSTANDING

### Flights:

I understand that the cost of my flight is not included in the Interstudy Program Fees. I understand that if I arrive more than one half hour after the time specified by Interstudy, (or group flight arrival time) special transportation may need to be arranged for me at an additional cost to myself. I understand that all transportation arrangements must be approved by Interstudy in advance. Also, arrangements to gain access to my residence must be made and approved. I further understand that arriving late and missing the scheduled Arrival Program or Host Institution Orientation may have serious consequences in regards to course registration or obtaining Interstudy or host institution services. In cases where a late arrival will jeopardize student safety or the quality of the academic experience, I understand that Interstudy reserves the right to discontinue my participation on the program, and that if this occurs I may not be refunded any previously paid, or currently owed Program Fees.

I understand that in order to gain entry to a foreign country or in some cases obtain a visa I will need a ticket proving my intended departure from said country.

### Visa Services:

I understand that if I am studying in the United Kingdom for a full year, I am responsible for obtaining my own Visa. I understand that if I am not studying for a full year but wish to gain entry clearance, I am responsible for obtaining this myself.

I understand that if I am studying in South Africa, Interstudy will assist in obtaining my visa up to the dates specified in the pre-departure checklist. If I do not have all of the necessary paperwork in by these dates, I understand my paperwork will be returned to me by Interstudy and that I will be responsible for processing my own visa and for paying the fees which will accompany this process.

I understand that the minimum amount of visa processing time for Interstudy is 6 weeks and if I need my passport prior to two weeks before the date of departure then I will be responsible for processing the visa on my own and for any associated fees.

\*\* Please cut along dotted line and return lower portion

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Flight and Visa Memo of Understanding

I understand in full all of the above.

-----  
Print Full Name

-----  
Signature

-----  
Date



## **Code of Conduct**

Participants on interstudy programs are expected to exhibit sensitivity to the host culture, maintain good behavior, and observe local rules and laws. interstudy reserves the right to dismiss any participant for reasons of unacceptable personal and/or academic behavior. Such dismissal will be without refund and return transportation will be at the student's expense.

The Code of Conduct incorporates rules and policies that students are responsible for knowing and following. Students must review and be familiar with policies in the interstudy catalog, this Code of Conduct, the information on the Interstudy website, and information in the Student Handbook.

### **A. Code of Academic Conduct:**

1. Students must maintain an adequate standard of academic work. interstudy recommends that students enroll in a course load equivalent to 14-16 U.S. semester-hour credits while they are abroad in order to meet the normal course requirements of most U.S. colleges and universities. Students must receive written permission from their home institution and from interstudy to take fewer than 14 semester-hour credits (though a minimum of 12 semester-hour credits is always required).
2. Students must not engage in plagiarism, cheating, or other forms of academic dishonesty.
3. Students must agree to abide by all academic and conduct regulations set forth by the host institution as a condition of their enrollment.

### **B. Code of Non-Academic Conduct:**

1. Students must attend all mandatory interstudy and host institution orientations and meetings.
2. Students must obey all local governmental laws and regulations where the program is located. Students are subject to the laws of the host country. Students will attend to legal matters with personal funds. interstudy does not guarantee that assistance can be provided under such circumstances.
3. Students must behave responsibly at all times. Behavior considered unacceptable includes but is not limited to: Actions causing danger to oneself or others; Actions which result in the intentional or unintentional destruction of others' property; Involvement in theft; Possession of firearms, bombs, or other incendiary/explosive devices; Furnishing false information to interstudy staff, local authorities, and institution officials; Very loud and/or disruptive behavior; Anti-social or unseemly behavior which reflects poorly on fellow interstudy students or interstudy itself; Failure to heed the direct instruction of interstudy staff or host institution staff.
4. Students are not permitted to behave violently at any time. This includes physical violence, intimidation, and verbal abuse.

5. Inappropriate sexual behavior disruptive to the program or offensive to the host culture is not tolerated. Sexual misconduct refers to sexual harassment, sexual assault, threats, or coercion.

6. Alcohol abuse/misuse is not tolerated. Alcohol consumption that results in any of the following may lead to disciplinary action: loss of consciousness; destructive or abusive behavior; endangerment of self or others; treatment or hospitalization for alcohol poisoning.

7. Drug abuse/misuse is not tolerated. The possession, use, manufacture, distribution, or dispensing of illegal drugs of any type is not permitted.

8. While in the host country, students must refrain from political activity for their own safety. Students should avoid joining political parties or unions, demonstrations, soliciting political material, or picketing.

I understand that as an interstudy student, I will be viewed as a representative of my country and of interstudy. It is my intention to act as a good-will ambassador and to conduct myself in an appropriate manner. I have read the above rules and fully agree to follow them. I understand that violation of this agreement will lead to disciplinary action and sanctioning by interstudy and/or local authorities. I also understand that signing this form is a requirement for participation in an interstudy program.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

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

**Sanctions:**

Any violation of Interstudy's Code of Conduct may result in the issuing of a sanction. Sanctions may vary depending on the circumstances and severity of the infraction. Sanctions may include but are not limited to: written warning; probation; dismissal from program; removal from housing; disciplinary action by host institution; and disciplinary action by home institution. Note that sanctions will be issued directly to the student and may be copied to the student's home institution, host institution, and parents if necessary.

**Disciplinary Process:**

1. The designated interstudy staff member will issue the student a written notice of the alleged violation. A copy of this notice will be shared with the student's home college and host institution and may be shared with the student's parents. The notice will briefly describe the alleged infraction and will denote which regulation of the Code of Conduct has been breached.

2. After reading the written notice, the student will have an opportunity to be heard by the

designated interstudy staff member before a decision is made and a sanction is issued. In rare cases, immediate action to prevent disruption or harm may be taken before the student has a chance to be heard, although such an opportunity will be given to the student as soon as possible thereafter.

3. The designated interstudy staff member responsible for the student's case will consult with the interstudy Boston office before deciding whether to impose sanctions.

4. After reviewing the available information, hearing the student's response, and consulting as appropriate, the designated interstudy staff member will decide whether the student has breached the Code of Conduct and will determine the appropriate sanction. The student will then receive a written notice of the decision and the sanction and a copy will be sent to the student's home and host institutions.

5. Students may appeal the decision if they believe error has occurred in the original proceeding. Interstudy's official Appeals Process document must be used.

6. In addition to interstudy's disciplinary action, students are subject to the disciplinary processes of their home institution and their host university. Host universities will notify interstudy if action is to be taken against interstudy students. Interstudy may not be able to intervene on behalf of the student in such cases. Dismissal from a host institution results in an automatic dismissal from an interstudy program.



## WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT

In consideration of Interstudy offering an Interstudy Program at \_\_\_\_\_ (Program Institution) during the period from \_\_\_\_\_ (Month/Year) to \_\_\_\_\_ (Month/Year), the undersigned does hereby covenant and agree as follows:

I, \_\_\_\_\_, the undersigned (and my parents or guardian if I am under the age of twenty-one (21), a forthcoming/current enrollee on the Interstudy Program referenced above, hereby acknowledge that I have read and understand the terms and conditions set forth in this Waiver of Liability And Hold Harmless Agreement ("the Agreement") and in the Interstudy student handbook.

All references in this Agreement to "Interstudy" shall include Interstudy UK, Interstudy USA and Interstudy RSA, their officers and directors, agents, servants, employees and affiliated companies.

I understand that I am responsible for exercising caution and common sense at all times to avoid injuries while enrolled on my Interstudy Program.

I acknowledge that Interstudy cannot provide any supervision or support for me during any periods of independent travel.

I agree to comply with Interstudy's rules and instructions at all times and fully understand that if I fail to comply, Interstudy may, at its discretion, terminate my participation in the Program. I understand that if my participation in the Program is terminated that there will be no refund of any Program fees.

I acknowledge the dangers and risks of participating in an Interstudy Program in \_\_\_\_\_ and in consideration of being permitted to participate in the Program, I agree, on my behalf and my family, heirs, assigns and personal representatives, to assume all risks and responsibilities surrounding my participation in the Program, transportation, and any independent research or adjunct activities undertaken by me, and to forever release and unconditionally discharge Interstudy from and against any and all claims of liability for any harm, injury, damage, claim, demands, actions, causes of action, costs and expenses resulting from acts of God, war, strikes, crime, terrorism, sickness or quarantine, government restrictions or regulations. Furthermore, I forever release and unconditionally discharge Interstudy from any claims for loss, damage or injury, including suffering or death, that may be sustained by me during periods of organized or independent travel, vacation or Program enrollment and/or participation.

I agree that if I become ill or incapacitated, Interstudy may take such actions as it considers necessary under the circumstances, including securing medical treatment for me and transporting me to the United States. I hereby release Interstudy from any liability relating to this medical care.

I understand that although Interstudy does provide some medical and travel insurance for my benefit, I acknowledge that in the event of a claim, Interstudy assumes no liability whatsoever for any financial loss or damage.

This Agreement shall be governed by the laws of England and Wales and any disputes shall be litigated in and before a court located in England, to the exclusion of the courts of any other state or country.

This Agreement cannot be modified except in writing signed by the undersigned and Interstudy.

It is my intent that this Agreement shall bind the members of my family and my spouse, if applicable, if I am alive, and my family, estate, heirs, administrators, personal representatives or assigns, if I am deceased, and shall be deemed as a release, waiver, discharge and covenant-not-to-sue Interstudy. I agree to save and hold harmless, indemnify and defend Interstudy from any claim by me or my family arising out of my participation in an Interstudy Program.

The undersigned intends this Release to take effect as a sealed instrument and executes the same freely, knowingly and voluntarily.

\_\_\_\_\_  
Student Signature & Date

\_\_\_\_\_  
Witness Signature (Mandatory--can be anyone) & Date

\_\_\_\_\_  
Parent/Guardian Signature & Date (if student is under 21)

\_\_\_\_\_  
Witness Occupation

# SOUTH AFRICA STUDY VISA APPLICATION

You are required to obtain a Study Visa to enter South Africa for educational purposes. This process can take several weeks, so you should begin working on your application now! Complete all forms in **black ink**.

PLEASE SUBMIT ALL STUDY VISA APPLICATION MATERIALS TO interstudy by **June 1** for Fall students and **Dec 1** for Spring students at the address listed below:

interstudy, 63 Edward Street, Medford, MA 02155-6653

Submit each of the following documents to interstudy for the purpose of securing your Study Visa:

## 1. BI-1738 Application for Temporary Residence Permit in South Africa (attached)

- Questions 1 through 4: Fill out all sections through question 4.9 (see bullet below regarding Question 4.8)
- Question 4.8: Write down the contact details of your parents/guardians.
- Question 5: Only fill out flight information sections if you are NOT participating in the group flight. Fill out all applicable questions and write down in your own words that you will be studying and traveling, and anything else you might want to do while in South Africa (except working, as it is not legal!)
- Question 6 through 7: DO NOT FILL OUT THESE SECTIONS
- Questions 8 through 10: Fill out all sections through question 10
- Question 11: The Witness can be anyone. This must be signed by both you and a witness or your application will be declined.

## 2. Medical Certificate (attached)

Take this form to a Medical Doctor for a signature. ONLY A MEDICAL DOCTOR (M.D., D.O., CRNP or PA are acceptable) CAN SIGN IT. If these initials do not appear on the form, your study visa application will be denied by the Consulate!

## 3. Radiological Report (attached)

Take this form to a doctor/radiologist for signature. If preferred, a PPD skin test may be done instead, as long as the results are captured and the form is signed by the PPD test administrator.

## 4. Statewide Criminal Background Check (attached)

This form is applicable to all students ages 18 and above. Go to your state or local police and request a full state criminal background check. Note that a local or country-wide record search is not adequate. A full state check must be conducted! This process can take up to 4 weeks to complete so be sure to plan ahead. You may obtain a state check from the state from which you are a permanent resident or from the state in which you attend school. If you are not a US resident then a police check from your home country will be requested in addition to the state check.

## 5. Photocopy of your Birth Certificate

Submit a photocopy of your birth certificate (it need not be notarized). Do NOT send your original birth certificate! If you were born in another country, then an English translation should accompany the certificate.

## 6. Photocopy of your Health Insurance Card

## 7. Notarized Parental Letter of Financial Support and/or Photocopy of Bank Statement

Have your parent(s) submit a notarized letter stating that they will be financially responsible for you while you are overseas, or submit a bank statement that is no more than 30 days old from the time of application to the consulate. Your bank statement must illustrate a balance of \$1000 or more.

## 8. Passport

Your passport must be valid 30 days beyond your expected return date. IF YOU DO NOT HAVE A VALID PASSPORT, APPLY FOR ONE NOW! The Consulate will need your actual physical passport so the Study Visa can be stamped inside. Please post to interstudy in a secure manner such as registered, certified or overnight mail.

\*\*Non-US nationals (permanent residents) must also include a certified true copy (either the original document or a notarized copy) of your 'Green Card' and/or proof of visa status.

## 9. Flight Itinerary and/or confirmation of your round-trip ticket

This applies only to students NOT opting to take advantage of the interstudy group flight through STA Travel. Note that you need to buy an actual round-trip ticket; a one-way ticket will not be sufficient to secure your study visa.

## 8. Application & Processing Fee

This fee is covered in your interstudy Program Fees, only when submitting your visa application through interstudy. If you process your visa on your own, you will be responsible for this fee.

## 9. Passport Size Photos

You will NOT need to submit any photos in addition to the ones already submitted with your original interstudy application.

## **DEADLINES**

Spring Applicants: 1st December  
Fall Applicants: 1st June

## **IMPORTANT!**

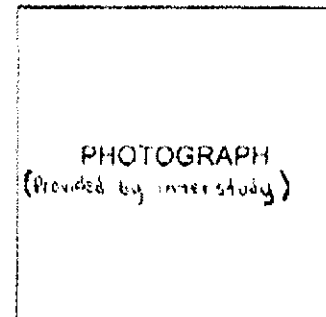
The application procedure detailed on the previous page is the current structure outlined by Home Affairs in Pretoria. **THIS MAY CHANGE:** An additional fee may be charged on arrival or further applications for extensions may be necessary. interstudy will keep you informed of any new developments.

Please consider that you may plan to travel to other countries in southern Africa. Information on appropriate visas/medical precautions for countries such as Zambia, Zimbabwe & Botswana are available on the Internet.

DEPARTMENT OF HOME AFFAIRS  
REPUBLIC OF SOUTH AFRICA

APPLICATION FOR TEMPORARY RESIDENCE PERMIT  
[Section 10(2); Regulation 7(1)(a)]

CATEGORY OF PERMIT BEING APPLIED FOR	
Work: Quota	Work: General
Own Business	Intra-company Transfer
Corporate worker	Exceptional / Skills
Study (> 3 months)	<input checked="" type="checkbox"/> Medical (> 3 months)
Relative's	Retired person
Student exchange programme	Work exchange programme
Cultural/economic/ social exchange programme	Treaty



FOR OFFICIAL USE ONLY			
Office of origin:	BLOK:	Mission file no:	
Date received:	Date forwarded to Regional Office:		
Submission checked by/on:	Date received at Regional Office:		Remarks:
Passport seen/returned by/on:	Recommended by/on:		
Fee: Currency and amount	Approved by/on:		
Fee received by/on:	Decision conveyed by/on/per:		
Receipt no:	Letter	Facsimile	
Reasons for decision:			

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**1. PERSONAL DETAILS**

Title: Mr	Mr	Ms	Other (specify)	
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Surname/Family name:	Given names:
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Maiden name:	Stage name:
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Previous/alternative name(s)/aliases, including details:

Date of birth:  
Year.....Month.....Day.....

Place of birth:	Town/City	Country
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Marital status:	Never married	Separated	Legally recognised spousal relationship
	Married	Widowed	
	Divorced	Customary union	

If separated state:  
Whether divorce proceedings have been instituted and when final decree is expected.....  
.....  
.....

If divorced, provide:  
Date of divorce: .....  
Divorce order must be attached.

If married to a citizen or permanent resident, a certified copy of the marriage certificate must be attached.

**2. CITIZENSHIP DETAILS**

Present country of citizenship:

If acquired other than by birth, date and conditions under which acquired:  
.....  
.....

Do you hold any other citizenship? No  Yes

If so, of which country, plus details.....  
.....

**3. PASSPORT DETAILS**

Passport number:	Country of issue:
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Date of issue:     /     /	Valid until:     /     /
If you have any other document required by your government, provide details:	
Type of document:.....	Number:.....
Expiry date:...../...../.....	

**4. ADDRESSES**

Residential address: ..... ..... ..... ..... ..... Postal code.....	Postal address: ..... ..... ..... ..... ..... Postal code.....
Country of usual residence if other than country of origin or above address: .....	
Telephone numbers: Work: (area code     ) .....	
Home: (area code     ) .....	

Other addresses where you have lived during the last ten years other than your current address:		
Address:	Period:	Country:

Do you hold the right of re-entry into your country of origin and/or country of residence if this differs?	
Yes <input type="checkbox"/>	No <input type="checkbox"/>
If no, specify period and present status..... .....	

Have you ever applied for asylum or refugee status in SA or any other country?	
Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, specify..... .....	

Contact person: .....
-----------------------

Relationship:	Friend		Business Associate		Relative		Other	
Name and address:								
.....								
.....								
Telephone numbers: Work: (area code      ).....								
Home: (area code      ).....								

Details regarding relatives and/or friends in South Africa, if any.			
Name	Address	Relationship	ID No

**5. INTENTIONS/PROPOSED DURATION OF STAY IN THE REPUBLIC**

Proposed date and place of departure for South Africa:							
Anticipated date and place of arrival in South Africa:							
Travelling by: Air	<input type="checkbox"/>	Road	<input type="checkbox"/>	Rail	<input type="checkbox"/>	Sea	<input type="checkbox"/>
If you intend staying in South Africa temporarily only, state your proposed duration of stay:							
Days/weeks/ months/or	<input type="checkbox"/>	Years	<input type="checkbox"/>	Intended date of departure			
Do you intend settling in South Africa on a permanent basis?				If so, have you submitted an application for a permanent residence permit?			
Yes <input type="checkbox"/> No <input type="checkbox"/>				Yes <input type="checkbox"/> No <input type="checkbox"/>			
If yes and the outcome is still awaited, application submitted on:							
				(Date)			
To foreign/domestic office at under reference no:							

Outline your proposed activities whilst in the Republic:
.....
.....
.....
.....
.....

**6. MAINTENANCE/DEPORTATION**

State what funds you have available for maintenance during your stay in South Africa and whether you have purchased a return ticket or other arrangements made for maintenance and return passage:

Available funds (foreign currency).  
 Type: ..... Amount: .....  
 South African Rand equivalent ..... Each bank statement as proof of funds held.  
 Valid return or onward ticket no: ..... Expiry date: / /  
 Cash deposit in the amount of ..... lodged at  
 office .....  
 Receipt no. .... South African Rand equivalent: .....  
 Other: .....

\*SEE ATTACHED  
CERTIFICATION & REPATRIATION  
STATEMENT

**7. PARTICULARS OF ANY FAMILY/DEPENDANTS ACCOMPANYING YOU: N/A**

Full names	Date of birth	Relationship	Passport number	Expiry date	Nationality	Occupation

Do any of the above hold either:

a South African identity document?	No	Yes	Holder
Number:			

Or a permanent or temporary residence permit?

No	Yes	Holder
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Office of issue:      Type:      Date of expiry:      /      /

If your spouse and/or other dependants are not accompanying you, do they intend to enter the country at a later stage?

Yes  On (date)      /      /

No  Details/reason(s): .....

**8. PREVIOUS APPLICATIONS**

Have you or any other person included in this application previously applied for any type of South African visa, or if exempt from visa control, obtained temporary residence permits on arrival?

No		Yes	
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Give details of each application:

Name	Category of temporary residence permit	Date and place of application	Granted or refused	Period authorized	Ref no
				From	
				To	
				From	
				To	
				From	
				To	
				From	
				To	

Details of any prior restrictions/deportations/orders to depart from South Africa:

.....

.....

.....

.....

**9. SECURITY/HEALTH QUESTIONNAIRE**

Have you or any of your dependants accompanying you ever been convicted of any crime in any country?

Yes  No

Is a criminal/civil case pending against you or any of your dependants accompanying you in any country?

Yes  No

Are you or any of your dependants suffering from tuberculosis, any other infectious or contagious disease or any mental or physical deficiency?

Yes  No

Are you an unrehabilitated insolvent?

Yes  No

Have you ever been judicially declared incompetent?

Yes  No

Are you a member of, or adherent to an association or organisation advocating the practice of social violence, or racial hatred?

Yes

No

Furnish full particulars if the reply to any of these questions is in the affirmative:

.....  
.....

**10. ANY ADDITIONAL INFORMATION YOU WISH TO BRING TO THE DEPARTMENT'S ATTENTION:**

.....  
.....  
.....  
.....

**11. DECLARATION BY APPLICANT**

I acknowledge that I understand the contents and implications of this application and solemnly declare that the above particulars given by me as well as all particulars in the attached supporting documentation are true and correct.

.....  
Signature of applicant

.....  
Date

.....  
Signature of [REDACTED]  
Witness

.....  
Date

**THE FOLLOWING ORIGINAL SUPPORTING DOCUMENTS MUST ACCOMPANY THE APPLICATION**

**Part A**

In respect of all permit applications, except medical treatment permits:

	Attached	
	Yes	No
Passport valid for no less than 30 days after expiry of the intended visit.	X	
A medical report	X	

	Attached	
	Yes	No
A radiological report.	X	
Full birth certificate in respect of each dependent child.	X	
Marriage certificate or in the case of a foreign spousal relationship, proof of official recognition thereof issued by the authorities of the foreign country of the applicant (where applicable).		X
The affidavit where a spousal relationship to a South African citizen or resident is applicable as well as documentation proving cohabitation and the extent to which the related financial responsibilities are shared by the parties and setting out the particulars of children in the spousal relationship.		X
Proof of a union recognised in terms of the Recognition of Customary Marriages Act, 1998 (Act No. 120 of 1998), where applicable.		X
Divorce decree, where applicable.		X
Proof of court order awarding custody, where applicable.		X
Death certificate, in respect of late spouse, where applicable.		X
Written consent from both parents, or sole custody parent where applicable with proof of sole custody.		X
Proof of legal adoption where applicable.		X
Legal separation order, where applicable.		X
Police clearance certificates in respect of applicants 18 years and older, in respect of all countries where person resided one year or longer.	X	
A vaccination certificate, if required by the Act.		X

**Part B**

**In respect of a study permit:**

An official letter from the relevant institution confirming provisional acceptance at that institution and the duration of the course.	X	
In the case of a minor (i.e. a person under 21), written permission by both parents, or sole custody parent: Provided that relevant documentation proving sole custody is produced.		X
The particulars of the person(s) in the Republic who will act as the minor learner's guardian and a confirmatory letter from the intended guardian.	X	<b>See Statement</b>
Proof of medical cover recognised in the Republic.	X	
Proof of sufficient funds to cover tuition fees, subsistence and incidental costs.	X	<b>See Statement</b>

**Part C**

**In respect of a business permit to establish an own business or to invest in an existing business venture:**

	Attached	
	Yes	No
Certification by a chartered accountant that at least R2,5 million in cash or a capital contribution of at least R2,5 million or a combination of cash and a capital contribution amounting to R2,5 million is available.	<b>N/A</b>	
A business plan outlining the feasibility of the business.	<b>N/A</b>	
Proof or undertaking that at least five citizens or permanent residents will be permanently employed	<b>N/A</b>	
Where the application is in respect of an investment in an existing business, written partner agreements containing full details of the partners/directors and their residential status in the Republic.	<b>N/A</b>	
Documentation proving the investment by means of shareholder's or partnership agreements, if an existing business.	<b>N/A</b>	
Undertaking to register with the appropriate statutory body, required by the nature of the business.	<b>N/A</b>	
If it is an existing business, financial statements proving viability of the business.	<b>N/A</b>	
An undertaking to register with the South African Revenue Services.	<b>N/A</b>	

**Part D**

**In respect of a medical treatment permit:**

Particulars of and proof of financial means to cover day to day needs of persons accompanying medical permit holder, if any, in the form of bank statements, salary advices, if available, or travellers' cheques.	<b>N/A</b>	
A letter from the applicant's medical practitioner or medical institution, indicating the reasons for treatment, the period of treatment and particulars of the treatment in the Republic	<b>N/A</b>	
A passport valid for no less than 30 days after expiry of the intended visit.	<b>N/A</b>	
Particulars of persons accompanying such permit holder, if any.	<b>N/A</b>	

**Part E**

In respect of a quota work permit:

	Attached	
	Yes	No
Proof of the relevant qualifications as certified by the South African Qualifications Authority, including authenticated copies of academic certifications or degrees.	<b>N/A</b>	
Proof of registration with professional body, board or council, if applicable.	<b>N/A</b>	
Proof of previous experience in the occupation.	<b>N/A</b>	

**Part F**

In respect of a general work permit:

A letter of motivation from the employer why a citizen/resident could not fill the position, accompanied by documentary proof of efforts made to obtain the services of a citizen or resident.	<b>N/A</b>	
Particulars of unsuccessful candidates.	<b>N/A</b>	
Proof of qualifications evaluated by the South African Qualifications Authority.	<b>N/A</b>	
Proof of registration with the professional body or board, if applicable.	<b>N/A</b>	
Proof of experience and skills in line with the job offer.	<b>N/A</b>	
The employer to submit a certification from the Department of Labour or an extraction from the database of a salary benchmarking organisation detailing the average salary earned by employees fulfilling similar positions in the Republic.	<b>N/A</b>	

**Part G**

In respect of an exceptional skills work permit:

A comprehensive curriculum vitae together with testimonials from previous employers.	<b>N/A</b>	
A letter from a foreign or South African organ of state, or from an established South African academic, cultural or business body, confirming the applicant's exceptional skills or qualifications.	<b>N/A</b>	
Any other proof to substantiate exceptional skills or qualifications, such as publications and testimonials.	<b>N/A</b>	
Completion of the relevant sections of the application form by the prospective employer, if already in possession of a job offer.	<b>N/A</b>	
A letter of motivation indicating that the exceptional skills possessed by the applicant will be to the benefit of the South African environment in which he or she intends to operate.	<b>N/A</b>	

**Part H**

**In respect of an intra-company transfer work permit:**

	Attached	
	Yes	No
Foreigner's contract of employment with company abroad.	<b>N/A</b>	
Letter from the company abroad that the applicant shall be transferred to a branch of that company or an affiliated company situated in South Africa.	<b>N/A</b>	
South African company confirming the transfer from the parent or affiliated company abroad, as well as specifying the occupation and capacity in which the foreigner shall be employed, and that the maximum duration will not exceed two years.	<b>N/A</b>	

**Part I**

**In respect of a work permit issued in terms of a corporate permit:**

A corporate worker authorisation certificate from the employer.	<b>N/A</b>	
A valid employment contract.	<b>N/A</b>	

**Part J**

**In respect of a retired person permit:**

Proof of a pension fund or an irrevocable retirement annuity or a net worth or a combination of assets realising a minimum amount of R20 000 per month per retired person.	<b>N/A</b>	
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**Part K**

**In respect of a learning institution in the Republic in conjunction with a foreign learning institution or an organ of a foreign state organising or administering the exchange programme:**

A letter from the Department of Education or the learning institution in the Republic, confirming that it is responsible for organising or administering the programme, outlining the activities and duration thereof, as well as confirming that it will take full responsibility for the student whilst he or she is in the Republic.	<b>N/A</b>	
A letter from the organ or learning institution of the foreign state, confirming the particulars of the student, the student's enrolment with a learning institution abroad, as well as the date on which study shall commence.	<b>N/A</b>	

**Part L**

In respect of an organ of state in conjunction with a foreign learning institution or an organ of a foreign state organising or administering the exchange programme:

	Attached	
	Yes	No
A letter from the organ of state confirming the existence of the exchange programme.	<b>N/A</b>	
A letter from the foreign learning institution confirming the enrolment of the applicant or a letter from the organ of the foreign state conducting the programme, as the case may be.	<b>N/A</b>	

**Part M**

In respect of an exchange permit:

Offer of employment detailing the terms, conditions and duration of the intended employment and certifying that the applicant's remuneration will comply with applicable legal requirements and the employers' undertaking to provide for the welfare and needs of the applicant.	<b>N/A</b>	
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**Part N**

In respect of a treaty permit:

A letter from the relevant organ of state attesting to— <ul style="list-style-type: none"> <li>- the nature of the programme and the treaty under which it is conducted,</li> <li>- the fact that the relevant foreigner participates in such programme;</li> <li>- the type of activities which the foreigner is expected to perform under such programme; and</li> <li>- the duration of the programme.</li> </ul>	<b>N/A</b>	
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**Part O**

In respect of a relative's permit:

Proof that foreigner is a member of the immediate family of the sponsoring citizen or permanent resident.	<b>N/A</b>	
Proof by means of salary advice or bank statement that the sponsoring citizen or permanent resident has R5 000 per month per person, which amount shall not apply in the case of a spouse or minor child of the citizen or permanent resident.	<b>N/A</b>	

**Part P**

**In respect of an application for a work permit:**

This Part must be completed by the employer and submitted by the applicant with all other required documents.

Separate sheets may be attached if the space provided is insufficient to include full information or motivation.

**Offer of employment for all work permits:** **N/A**

Name of Company/Organisation:						
Physical address:			Postal address:			
Telephone number: (code) (Number)		Facsimile number: (code) (Number)				
Employer's business registration number:			Employer's tax reference number:			
If a subsidiary, give name of principal company, nature of business conducted and location.						
Number of employees:						
Category	Key personnel	Management	Professional	Clerical	Unskilled	Other (specify)
South African citizens						
Permanent residents						
Holders of temporary work permits						
The position offered has been vacant since:						
If a newly created position, provide details:						
The position was brought to the attention of the applicant in the following manner:						

**Recruitment and interviewing of citizens or permanent residents to fill the position:** **N/A**

The Department of Labour was approached:	No	Yes	Branch:
Salary benchmarking organisation was approached	No	Yes	Organisation:
Employment agencies were approached:	No	Yes	Agencies:
Media advertisement in: ..... (name of publication) on (date) .....			

Full details of the outcome of the above and reasons as to why a suitably qualified citizen or permanent resident has not been appointed:

**N/A**

Does the applicant possess any special qualifications or skills distinguishing him or her as the most suitable candidate for that position: No  Yes

Details:

**N/A**

Additional motivation to support the selection of a foreign candidate:

**N/A**

Details of offer made to applicant:

**N/A**

Description of occupation to be followed:

Nature of offer:

Contract period of employment: ..... weeks/months/years

Salary offered: R..... per month

Additional benefits, if any:

Summary of duties:

Preferred date of commencement of employment: .....

**Declaration by employer:**

**N/A**

I, ..... (first name(s) and surname)  
..... (ID number) in my capacity as  
..... of the abovementioned company/organisation, hereby  
undertake full responsibility for the above named applicant, as well as his or her deportation costs  
should this become necessary. I declare that I am authorised to make this offer of employment  
on behalf of the aforementioned company/organisation, that this offer is made in good faith and  
will be honoured and that the above information provided by me is true and correct. I furthermore  
undertake to ensure that the applicant will comply with the Act and the Regulations made in terms  
thereof and to notify the Department if the applicant is no longer employed by the mentioned  
company/organisation or if he or she is employed in another position.

**N/A**

.....  
**Signature of employer**

Signed at ..... (place) on this the ..... day of ..... 20..









REPUBLIC OF SOUTH AFRICA  
DEPARTMENT OF HOME AFFAIRS  
RADIOLOGICAL REPORT

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*Note:*

- (1) A radiological report of the chest is required in respect of every prospective immigrant 12 years of age and over.
- (2) The radiologist must insert the names of the prospective immigrants examined by him in the space provided for that purpose on the form. **Unused spaces must be crossed out.**
- (3) **A separate report is required in respect of every applicant suffering or suspected to be suffering from tuberculosis.**

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I hereby certify that I have radiologically examined the chest(s) of the following person(s) and that I could find no signs of active pulmonary tuberculosis.

**Name:**

- (1) \_\_\_\_\_
- (2) \_\_\_\_\_
- (3) \_\_\_\_\_
- (4) \_\_\_\_\_
- (5) \_\_\_\_\_
- (6) \_\_\_\_\_

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\_\_\_\_\_ *Radiologist*      Official stamp and address of Radiologist/Hospital:

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





## POLICE CLEARANCE

REPUBLIC OF SOUTH AFRICA

ALIENS ACT, 1937

REPUBLIEK VAN SUID AFRIKA

Student Name: \_\_\_\_\_

Signature: \_\_\_\_\_

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

In order for the above student to secure a Study Permit for study in South Africa, the South African Consulate requires a statewide Criminal Background Check. Please fill out the below and attach fingerprints, letters, certificates and/or any other supporting documents of the background check.

**This form is not valid unless accompanied by supporting documents.**

Officer Name: \_\_\_\_\_

Signature: \_\_\_\_\_

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

Police Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_

## CONSENT AND INDEMNITY

We, the undersigned  
(print full name of student) .....

Student No:..... Degree:..... Identity No: .....

AND (IN THE CASE OF STUDENTS UNDER 21 YEARS OF AGE)

Name of Parents/Guardian: Father..... ID:.....

Mother:..... ID:.....

do each of us agree that:

Name of Student : .....

participate in the activities of the University of KwaZulu-Natal, whether conducted at the University or extramurally including, but not limited to, studies, field trips, games, athletics, tours and excursions of general vocational, educational, historical, social or scientific interest, on the following conditions:

1. We fully understand and accept that participation in all such activities will be at our own risk.
2. We hereby authorise the University and its employees or agents to act on our behalf in respect of any circumstances pertaining to any accident or illness arising from during, or in connection with such activities in the manner that the University, its employees, and agents in its absolute discretion deems fit. We fully accept full liability for all expenses incurred thereby or in connection therewith.
3. On behalf of ourselves, our heirs, and executors we hereby undertake to and hereby do, indemnify, absolve and hold harmless the University, its employees, agents or invitees against any loss in respect of all claims, proceedings, damages, costs and expenses whatsoever that may arise in the course of, or in connection with, such activities, howsoever arising, and whether as a result of negligence or otherwise.

*"This indemnity will operate as a continuing indemnity and cover all periods of attendance as a student of the University"*

SIGNED AT .....

ON THIS ..... DAY OF ..... 200.....

AS WITNESSES

1.....

\_\_\_\_\_  
SIGNATURE OF STUDENT

2.....

\_\_\_\_\_  
DULY ASSISTED BY PARENT/GUARDIAN

SIGNED AT.....

ON THIS ..... DAY OF ..... 200.....

AS WITNESSES

1.....

\_\_\_\_\_  
SIGNATURE OF FATHER / GUARDIAN

2.....

\_\_\_\_\_  
SIGNATURE OF MOTHER / GUARDIAN



## PROGRAM FUNDING AGREEMENT (PFA)

**INSTRUCTIONS:** If you wish to apply Financial Aid to your interstudy Program Fees, you MUST submit this form. Ask your Financial Aid Office to complete Sections A and B. When they have done so, complete and sign Section C and return this Agreement to interstudy.

Student Name \_\_\_\_\_

interstudy Program \_\_\_\_\_

Term of Study: ( ) Fall/Semester II ( ) Spring/Semester I ( ) Full Year

### SECTION A - PROGRAM FUNDING

Grants and Scholarships:

Type	Spring/Semester I Amount	Disbursement Date	Disbursement Sent To:	Fall/Semester II Amount	Disbursement Date	Disbursement Sent To:
PELL GRANT	\$			\$		
SEOG GRANT	\$			\$		
STATE GRANT	\$			\$		
STATE SCHOLARSHIP	\$			\$		
COLLEGE GRANT	\$			\$		
OTHER _____	\$			\$		

Loans:

Type	Spring/Semester I Amount	Disbursement Date	Disbursement Sent To:	Fall/Semester II Amount	Disbursement Date	Disbursement Sent To:
STAFFORD LOAN	\$			\$		
PERKINS LOAN	\$			\$		
PLUS LOAN	\$			\$		
COLLEGE LOAN	\$			\$		
OTHER _____	\$			\$		

### SECTION B - FINANCIAL AID OFFICER (Please Complete)

"I hereby certify that the student named above has applied for and been awarded the Financial Aid as detailed above."

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_

email: \_\_\_\_\_

Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

### SECTION C - STUDENT (Please Complete)

I understand that I will be receiving \$\_\_\_\_\_ in financial aid for the [Fall/Semester II, Spring/Semester I, Full Year]. I agree that this money will be used to pay my interstudy Program Fees.

I hereby certify that I have read and agree to the conditions and terms of enrollment as stated in the Student Handbook. I authorize my home college to disburse my financial aid, detailed above, to interstudy.

If I receive any or all of the Financial Aid myself I will immediately forward such amounts to interstudy. Should the amount of Financial Aid awarded to me be less than my interstudy Program Fees then I understand that I am responsible for the balance. I also understand that my transcript will not be released until I have paid my interstudy Program Fees in full.

Student Signature \_\_\_\_\_

Date: (Day/Month/Year) \_\_\_\_\_



## DEED OF GUARANTEE

By giving this Guarantee and Indemnity you might become liable instead of or as well as the student.

The amount you may have to pay is limited to the total amount owing now or in the future under the study abroad contract referred to below.

THIS DEED OF GUARANTEE AND INDEMNITY is made the \_\_\_\_\_ day of \_\_\_\_\_ / \_\_\_\_\_ (month/year) between interstudy Worldwide, herein after referred to as "interstudy" and

\_\_\_\_\_  
Name of Guarantor

of

\_\_\_\_\_  
Address of Guarantor

NOW THIS DEED WITNESSES:

1. interstudy has entered into a study abroad contract with

\_\_\_\_\_  
Student Name

of

\_\_\_\_\_  
Student Home Address

dated

\_\_\_\_\_(the contract)

\_\_\_\_\_  
Day/Month/Year

and it is a condition of the contract that the guarantor enters into this deed of guarantee and indemnity.

2. The guarantor agrees that the "Guarantee Conditions" set out overleaf apply to this deed.

3. The guarantor agrees that interstudy can treat him/her/them as personally owing all sums due to it under the contract.

4. This deed shall be exclusively subject to the provisions of the law relating to England and Wales or the United States of America at the option of interstudy.

SIGNED AS A DEED by the said

\_\_\_\_\_  
(print guarantor's name here)

\_\_\_\_\_  
(sign guarantor's name here)

in the presence of:

Witness Signature \_\_\_\_\_

Witness Address \_\_\_\_\_



**UNIVERSITY OF THE PACIFIC, SCHOOL OF RECORD RELEASE FORM**

Name: \_\_\_\_\_  
Last First Middle

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_  
Month/Day/Year

Gender: ( ) Male ( ) Female Ethnic Background: \_\_\_\_\_

Citizenship: \_\_\_\_\_

**Address to mail transcripts to Student:**

Address: \_\_\_\_\_  
Street City State/Province Zip/Post Code

Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Area Code Number

**Address to mail transcript to Home College Registrar/Study Abroad Advisor:**

University: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State/Province Zip/Post Code

Phone: \_\_\_\_\_  
Area Code Number

Semester, Year: \_\_\_\_\_

Number of Credit Units Needed at Home College Per Semester/Quarter: \_\_\_\_\_

I, \_\_\_\_\_ (student name), Social Security number \_\_\_\_\_  
do hereby give the Registrar's Office at the University of the Pacific permission to release my official transcript to the International Programs and Services office at the University of the Pacific.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date