

APPLICATION FORM - INTERNATIONAL STUDENTS

PLEASE PRINT INFORMATION CLEARLY

Family/surname:	Mr. Mrs. Miss/Ms Dr.
First name/s:	Date of birth:
Nationality:	Passport number:
Home Address in South Africa:	Name and details (phone no and email address of person responsible for paying account:
Email address:	
Mobile phone:	Visa you will apply for: ☐ Study ☐ Visitor ☐ Other: Your nearest SA Embassy:
1.Start Date:	1.End Date:
General English Classes (group) 1 term 2 terms 3 terms Month(s) Week(s).	Private Lessons (one on one)
□Intensive Immersion Program (group & one on one) Other	□ English for Specific purposes: □ Business □ Academic □ Other
Do you need accommodation? Yes □ No □	Do you intend to study in South Africa after your English course? Yes
Any other comments or questions:	

PLEASE ATTACH A COPY OF YOUR **PASSPORT INFO PAGE** TO THIS APPLICATION FORM WHEN YOU SEND IT TO US.

Nov 2015 Place Post Contact Director 4 Twin Oaks Centre TIES T +27 (21) 852 8859 Tania Copeland F +27 (86) 620 8001 142 - 146 Main Road PO Box 3945 Somerset West 7129 E info@english.za.net Somerset West 7130 Company Reg. No South Africa South Africa W www.english.za.net 2001/0047423/23