



APPLICATION FOR A CONFIRMATION OF ENROLLMENT (COE) FOR INTERNATIONAL STUDENT APPLICATION/EXTENSION OF STUDY PERMIT

Section A Application Requirements

This request will **ONLY** be processed if:

- A minimum payment of **80% of the semester's tuition fee is paid** and proof of payment submitted, **and**
- A completed application for a Confirmation of Enrolment (COE) form, **and**
- A **full offer (commencing students)** has been issued for the applicable semester, **or**
- **Unit enrollment (current students)** has been processed for the applicable semester.

Note: No request will be processed without all application requirements.

The above application requirement can be sent to:

By post:

Student Accounts Officer
 Student Services Centre
 Private Bag X60
 Roodepoort
 South Africa
 1725

In person:

Student Services Centre
 Monash South Africa
 144 Peter Road
 Ruimsig, Roodepoort
 South Africa
 1725

Electronically:

Fax: +27 11 950 4004

E-mail: musa-admissions@adm.monash.edu (For all new to course applicants)

E-mail: musa-enrolments@adm.monash.edu (For all current students)

Note: The onus is on the student to ensure that study visas are received timeously and no student will be enrolled without a valid study permit.

Section B Applicant Details (New-to-Course Applicants ONLY)

Student ID number

Surname

Given names

Passport number

Sex (M or F) Date of Birth

Telephone number

Please indicate your preferred method of delivery for you COE

Email Fax

Email address

Fax number

Country of birth Nationality

Section C Applicant Details (Current Students ONLY)

Student ID number

Surname _____

Given names _____

Passport number

Current study permit expiry date

Sex (M or F) Date of Birth

Telephone number

Please indicate your preferred method of delivery for you COE

Email Fax

Email address _____

Fax number _____

Country of birth _____ Nationality _____

Extension period for current students:

6 Months 1 Year 1 and half years 2 years 2 and half years

Reason for extension required on study permit:

Section D Processing Details (Student Services Staff ONLY)

Credit points on Callista _____

Date request processed

Request processed by:

Staff name _____

Staff signature _____