



## APPLICATION FOR A CONFIRMATION OF ENROLLMENT (COE) FOR APPLICATION OF STUDY PEMITS

### 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 enrolment (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 4201

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

E-mail: [musafees@adm.monash.edu](mailto:musafees@adm.monash.edu) (For all current students)

**Note: The onus is on the student to ensure that study visas are received timorously 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 permits 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

---