SECTION B

RHODES UNIVERSITY

**FACULTY OF EDUCATION**

# POSTGRADUATE DIPLOMA IN HIGHER EDUCATION (PG Dip (HE))

PLEASE COMPLETE THIS FORM IN BLOCK LETTERS. TICK THE RELEVANT BOXES WHERE APPROPRIATE

1. Application for admission in ………………. (year)

Block Course or (Rhodes University Staff only) weekly course

2. Surname ………………………………………………..……. Title …………….…………….

First names ………………………………………………………………………………………

3. Postal address ………………………………………………………………………………………

………………………………………………………………………… Postal code ………………

Telephone numbers: Home (………) ……………………………. Cell ………………………….

Fax (……….) …………………………. E-mail address …………………………………………

4. Have you been registered at Rhodes University before? YES NO

If YES, please indicate your Rhodes student number ……………………………………………..

5. Qualifications obtained, institution and year of graduation, and any current registration

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| **Qualification** | **Institution** | **Year Obtained** |
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6. Discipline and Institution in which you **currently** teach .……………………………………............

………………………………………………………………………………………………………..

7. Number of months / years of Higher Education teaching experience you will have had by

registration date:………………………………………………………………………………………

8. Please could you indicate (in a few sentences) why you are interested in undertaking the PG Dip (HE)?

9. In what ways do you think you could contribute to the learning of the other participants in the course?

**10. SIGNATURE OF APPLICANT ………………………………… DATE …………………….**

## FOR OFFICIAL USE ONLY

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| Coordinator, PG Dip (HE) – Centre for Higher Education Research, Teaching and Learning (CHERTL) Recommended / Not recommended  Comment:  Signed …………………………………………. Date ………………………………… |

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| Head of CHERTL Recommended / Not recommended  Comment:  Signed …………………………………………. Date ………………………………… |

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| Dean of Faculty of Education Approved / Not approved  Comments.  Signed …………………………………….. Date …………………………………… |