

**FORM IV/A1**

**NATIONAL UNIVERSITY OF LESOTHO**

Student Number: .....

Surname: .....

Receipt No. ....



Tel: 22340601/52213835/36/46  
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[www.nul.ls](http://www.nul.ls)



**ACCEPTANCE FORM**

**To:  
The Admissions Secretary  
National University of Lesotho  
P.O. Roma 180  
LESOTHO  
SOUTHERN AFRICA**

1. I, \_\_\_\_\_ (full name), Student No: \_\_\_\_\_ accept a place at the National University of Lesotho to study \_\_\_\_\_ as per the letter from the University dated: \_\_\_\_\_

I enclose:

- (a) Medical Certificates (Forms IV/A2 and IV/A3).
- (b) **Three hundred (R300.00)** as Acceptance fee.
- (c) **Fifty (R50.00)** for Identity Card (I.D) payable at the Bursary. Payments are effected on **Mondays – Fridays** from 8.00 am – 1.00 p.m and 2.15p.m. – 3.00 pm.
- (d) **Caution Fee (M200.00)**
- (e) **31<sup>st</sup> August is the Dateline for payment of all the fees.**

2. I agree to share a study bedroom.

3. I understand that in accepting this place, I shall abide by the Rules and Regulations governing the National University of Lesotho.

4. I understand that; immediately upon registration, I or my parent/guardian assumes primary responsibility for the payment of all fees for the academic year, and that if I subsequently withdraw, or leave the University for any reason, any refund in this regard will be at the sole discretion of the University.

5. I understand that; it is not the responsibility of the University if any promised scholarship is not forthcoming or, if for any reason ceases.

6. I understand and accept that; upon registration for any subsequent academic year, the University may, at its own expense, require me to undergo further medical examination.

7. I have read and understood Financial Regulations (1 and 2) and the associated administrative instructions (reproduced below).

- (i) **Financial Registration** will only be granted by the Bursar, and this comes before **Academic Registration as indicated on the admission letter.**
- (ii) **Fees for any academic year must be paid before the first day of the first semester. Failure to comply will result in payment of penalty fees.**

**STUDENTS WHO FAIL TO MEET THE ABOVE REQUIREMENTS WILL NOT BE REGISTERED.**

**Signature (of Student):** \_\_\_\_\_

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

If the student is under 21 years of age, form must be countersigned by his/her parent/guardian.

**Name in full (of parent/guardian):** \_\_\_\_\_

\_\_\_\_\_

**Relationship:** \_\_\_\_\_

**Signature (of Parent/Guardian):** \_\_\_\_\_

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