



# INSTITUTION OF PROFESSIONAL GRADUATES – QUALITY EDUCATION FOR A SUCCESSFUL FUTURE!!!!

## APPLICATION FOR ENROLMENT FORM

Date of Application: \_\_\_\_\_

CONTROL NUMBER: IPG FS001

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### RULES AND REGULATIONS TO BE READ AND UNDERSTOOD PRIOR TO COMPLETING THE FORM

By signing this enrolment form, the student (and parent/guardian if applicable) agrees to abide by the following rules and regulations:

#### 1. General Enrolment Conditions

##### 1.1 Eligibility:

- Applicants must meet the **minimum academic requirements** for the chosen programme.
- Submission of **certified copies** of ID, academic records, and proof of residence is mandatory.

##### 1.2 Accuracy of Information:

- False or misleading information will result in **immediate cancellation** of enrolment.

##### 1.3 Non-Discrimination:

- The college adheres to South Africa's **Constitution** and **Employment Equity Act**; no discrimination based on race, gender, religion, or disability is permitted.

#### 2. Financial Obligations

##### 2.1 Fee Payment:

- Fees must be paid in full or as per the agreed **payment plan** by the due date.
- Non-payment may lead to **exclusion from classes/exams** or deregistration.

##### 2.2 Refund Policy:

- Refunds are only processed under (**Cancellation Terms**) of this form.
- No refunds for partial attendance or voluntary withdrawal after the **30-day cooling-off period**.

##### 2.3 Bursary Learners:

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Admission Officer Initials: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Learner / Guardian Initials \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Witness Initials: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_



- Must submit all required funding documents promptly. Non-compliance may result in **personal liability for fees**.

### 3. Academic Regulations

#### 3.1 Attendance:

- Minimum **80% attendance** is required to sit for final assessments (unless exempted for medical/disability reasons).

#### 3.2 Code of Conduct:

- Learners must adhere to the college's **disciplinary code**.
- **Misconduct** (e.g., plagiarism, vandalism, harassment) may result in suspension/expulsion.

#### 3.3 Assessment Policy:

- Re-marking requests must follow the college's **assessment appeal procedure**.

### 4. Data Protection (POPIA Compliance)

#### 4.1 Consent:

- The college will process personal data **only** for academic, administrative, or legal purposes.

#### 4.2 Confidentiality:

- Learner records are stored securely and shared **only** with authorized personnel or as required by law (e.g., DHET, QCTO).

#### 4.3 Access Rights:

- Learners may request to **view/correct** their data via the college's **Information Officer**.

### 5. Cancellation & Withdrawal

#### 5.1 Learner-Initiated Cancellation:

- Must be submitted **in writing** to the Registrar's Office.
- Cancellation fees apply as per **Cancellation outline** of this form.

#### 5.2 Institution of Professional Graduates-Initiated Cancellation:

- The college reserves the right to cancel enrolment for:
  - Non-payment of fees.
  - Violation of rules/disciplinary codes.
  - Failure to meet academic progress requirements.

### 6. General Provisions

#### 6.1 Amendments:

- The college may update policies with **prior notice** to students.

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Admission Officer Initials: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Learner / Guardian Initials \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Witness Initials: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_



**6.2 Dispute Resolution:**

- Grievances must follow the college's **formal complaints procedure**.

**6.3 Liability:**

- The college is not liable for **loss/theft of personal property** on campus.

**ACKNOWLEDGEMENT BY THE LEARNER**

I, \_\_\_\_\_ (Full Name), hereby confirm that I have read, understood, and agree to fully comply with the above rules and regulations.

Learner Signature: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Parent/Guardian Signature (if under 18): \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**For Office Use:**



INSTITUTION OF PROFESSIONAL GRADUATES STAMP

**Authorized Signatory**

Admission Officer Signature \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Name & Surname Official: \_\_\_\_\_ Authentication ID Code: \_\_\_\_\_

**Official Remarks:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Accepted**

**Not Accepted**

**0. Qualification Details**

Tick the applicable box

Occupational Certificate

Part Occupational Certificate

Occupational Skills Programme

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Admission Officer Initials: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Learner / Guardian Initials \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Witness Initials: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_



Qualification Title: \_\_\_\_\_

Qualification Code: \_\_\_\_\_ NQF Level: \_\_\_\_\_ Credits: \_\_\_\_\_

Mode of Study:  Full-time  Part-time  Evening Classes      Intake Period:  January  May  September

Duration of Qualification: \_\_\_\_\_ Total Fees Payable: \_\_\_\_\_

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### 1. Personal Information

Full Name: \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Gender  Male  Female  Other      Nationality \_\_\_\_\_

Identity Number: \_\_\_\_\_ & / Passport Number: \_\_\_\_\_

Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

Permanent Address \_\_\_\_\_

Current Address (if different) \_\_\_\_\_

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### 2. Educational Background

Highest Level / Grade Attained: \_\_\_\_\_ Institution Name: \_\_\_\_\_

Year Completed: \_\_\_\_\_ Certificate Awarded: \_\_\_\_\_

Others (if any) \_\_\_\_\_

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### 3. Parent/Guardian Information (if applicable)

Full Name & Surname \_\_\_\_\_ Relationship \_\_\_\_\_

Contact Number \_\_\_\_\_ Email Address \_\_\_\_\_

Alternative Number: \_\_\_\_\_ Physical Address: \_\_\_\_\_

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Admission Officer Initials: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Learner / Guardian Initials \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Witness Initials: \_\_\_\_ / \_\_\_\_ / \_\_\_\_



#### 4. Alternative Emergency Contact Details

Full Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Contact Number \_\_\_\_\_ Email Address \_\_\_\_\_  
Alternative Number: \_\_\_\_\_ Physical Address: \_\_\_\_\_

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#### 5. Payment Information

Tick the Fee Payment Method: Cash  Bank Transfer  SETA Funded  Other (Specify): \_\_\_\_\_

Tick the Date of Payment of Fees 1<sup>st</sup>  2<sup>nd</sup>  3<sup>rd</sup>  4<sup>th</sup>  5<sup>th</sup>  6<sup>th</sup>  7<sup>th</sup>

***NB: Statement of Account will be emailed through on the 20<sup>th</sup> of every month. Visit our offices and or contact us via E-mail and or Whatsapp for a Debit Order arrangement!!!!***

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#### 5. Additional Information and Support Needed

Have you previously applied to this college?  Yes  No If yes, when? \_\_\_\_\_

Do you have any disabilities or medical conditions we should be aware of?  Yes  No (If yes, please specify):  
\_\_\_\_\_  
\_\_\_\_\_

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You are welcome to list to us the Support you may need during your education journey with us at the Institution of Professional Graduates:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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#### 6. Required Documents Checklist

Please attach copies of the following:

- Fully Completed Application Form, Signed and Initialed as required.
- Certified Copy of Highest Qualification Certified within a Six-Month period.
- Passport-sized Photo
- Proof of Identity (e.g., passport or ID card) certified within a Six-Month period.
- Recommendation Letter (where necessary)

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Admission Officer Initials: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Learner / Guardian Initials \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Witness Initials: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_



Application Fee proof of payment

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### 7. Declaration

I hereby certify that the information provided is true and correct to the best of my knowledge.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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### 8. POPIA Consent Clause

In terms of the Protection of Personal Information Act, 4 of 2013 (POPIA), the Institution of Professional Graduates is required to obtain your consent to process, collect, store and share your personal information.

By completing and signing this form, you consent to the following:

1. **Consent to Collect and Process Information:** I hereby give consent to the Institution of Professional Graduates to collect, use, store, and process my personal information for purposes directly related to my application, registration, academic records, health and safety, and access control, as well as for compliance with legal and statutory obligations.
2. **Disclosure of Information:** I understand and accept that my personal information may be shared with relevant third parties such as:
  - Government departments (e.g., Department of Higher Education and Training, NSFAS)
  - Quality assurance bodies (e.g., QCTO, Umalusi, SETAs)
  - Employers for workplace placement (if applicable)
  - Service providers for communication, security, and system support
3. **Security Measures:** I understand that the Institution of Professional Graduates will take all reasonable steps to ensure my personal information is securely stored and protected against unauthorized access.
4. **Right to Access and Amend:** I am aware that I have the right to request access to my personal information and to correct or update it, where necessary.
5. **Right to Withdraw Consent:** I understand that I may withdraw my consent in writing, subject to applicable legal or contractual restrictions.

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Admission Officer Initials: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Learner / Guardian Initials \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Witness Initials: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_



## Declaration and Signature

I, \_\_\_\_\_ the undersigned, hereby confirm that I have read and understood the contents of this consent clause and voluntarily consent to the processing and sharing of my personal information as stated above.

**Learner Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Admission Officer Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

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## 10. Cancellation Policy:

- A student may cancel enrolment **within 7 days** of signing this form without penalty.
- After 7 days, a **cancellation fee (10% of total fees)** will apply.
- No refunds will be issued for cancellations made **30 days after** the start of the course.

### Withdrawal Due to Non-Payment:

- Failure to pay fees within the stipulated period may result in **automatic cancellation** of enrolment.

### Refund Process:

- Refunds (if applicable) will be processed within **30 working days**.

**Learner Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Admission Officer Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

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## 11. Rules and Regulations: School Fees Payment

### 1. Payment Deadlines

All fees must be paid in full by the due date specified by the Institution of Professional Graduates which is from the

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Admission Officer Initials: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Learner / Guardian Initials \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Witness Initials: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_



1<sup>st</sup> of each Month to the 7<sup>th</sup> of that month. Late payments may result in penalties, suspension of classes, or withholding of results.

2. **Non-Refundable Fees**

Registration fees and deposits are strictly non-refundable, regardless of whether the learner attends classes or not.

3. **Payment Plans**

Learners who are unable to pay full fees upfront must apply in writing for an approved payment plan. Approval is subject to management's discretion.

4. **Proof of Payment**

Proof of payment must be submitted to the finance office or emailed to the designated address:

[finance@IpgGraduates.co.za](mailto:finance@IpgGraduates.co.za) . Learners are responsible for confirming that their payments have been received and allocated.

5. **Access to Classes and Results**

No learner will be allowed access to classes, exams, statements of results, certificates, or graduation if fees are outstanding.

6. **Third-Party Sponsorship**

Where fees are paid by a third party (e.g. bursary, employer), it remains the learner's responsibility to ensure payment is made on time.

7. **Defaulting on Payment**

Repeated failure to adhere to payment agreements may lead to de-registration or legal action.

8. **Fee Increases**

The institution reserves the right to increase fees annually. Learners will be notified in advance.

9. **Refund Policy**

Refunds (if applicable) will only be processed upon written request and are subject to management approval and institution policy.

10. **Bank Charges**

Any bank charges resulting from reversed or returned payments will be for the account of the learner.

11. **All payments are to be deposited into the Institution of Professional Graduates Bank Account. Cash payments are not accepted at ALL.**

**BANKING DETAILS: INSTITUTION OF PROFESSIONAL GRADUATES, FIRST NATIONAL BANK,  
ACCOUNT NUMBER: 62755597948, REFERENCE: STUDENT IDENTITY NUMBER / APPLICATION  
FORM CONTROL NUMBER.**

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Admission Officer Initials: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Learner / Guardian Initials \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Witness Initials: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_



I, \_\_\_\_\_ the undersigned acknowledge and commit to abiding by the Rules and Regulations on Payment of Fees to the Institution of Professional Graduates.

Learner Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Admission Officer Signature: \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

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Admission Officer Initials: \_\_\_\_/\_\_\_\_/\_\_\_\_

Learner / Guardian Initials \_\_\_\_/\_\_\_\_/\_\_\_\_

Witness Initials: \_\_\_\_/\_\_\_\_/\_\_\_\_