

SARUA MEMBERSHIP APPLICATION FORM

In making this application to become a member of the Southern African Regional Universities Association, The Executive Head of the University undertakes to ensure the observance of all the conditions and provisions of the Constitution of the Association.

1. Name of institution

2. Address of institution

3. Country

4. Postal/ZIP code

5. Telephone number (incl. country code)

6. Web site address

7. Registration number (if applicable)

8. VAT number (if applicable)

SUPPORTING DOCUMENTS

The completed application form must be submitted with the following supporting documents. If a document is not written in English originally, a translated copy must be provided.

1. University/institution constitution/statute
2. Instrument incorporating the university/institution under the law. This is normally either a government decree (charter, act of parliament, or equivalent) or an approval to provide higher education from a government or regulatory body established to oversee the development of higher education
3. Most recent audited income and expenditure/ statement of comprehensive income and statement of financial position
4. Latest prospectus or equivalent

TYPE OF INSTITUTION

9. Which of the following type's best describes your institution?
(Please select one)

- University

University college/ college of university

Other institution of higher education

10. Which of the following type's best describes your institution?
(Please select one)

- Publicly funded

Private not for profit

Private for profit

11. Is your institution a single or multi-campus institution?

- Single Campus

Multi-Campus

For multi-campus:

i) Please indicate the location of the campuses:

ii) Please specify the location of the main campus or administrative centre:

12. Which of the following best describe your institution?
(Please select one)

- Predominantly research focused
- Predominantly teaching focused
- Focused both on teaching and research

13. Which of the following best describe your institution?
(Please select one)

- Contact Learning Institution
- Open and Distance Learning Institution
- Contact and Open & Distance Learning Institution

14. What levels of qualification are offered at your institution?
(Please select all that apply)

- Undergraduate Certificates & Diplomas
- Bachelors' Degrees
- Honours Degrees & Postgraduate Diplomas
- Masters' Degrees
- Doctorates

15. Student headcount in the current academic year (if available please also provide the total FTE enrolment)

Headcount Enrolment:

- Full-time:
- Part-time:

FTE Enrolment:

16. Year in which students were first admitted:

17. Accrediting national/regional
body:

18. Financial year start date:

19. Academic year start date:

CONTACT DETAILS

Executive head

Title	
First name	
Family name/surname	
Job title	
Telephone number (incl. country code)	
E-mail address	
Date of appointment	

Vice-chancellor (if different than Executive Head)

Title	
First name	
Family name/surname	
Job title	
Telephone number (incl. country code)	
E-mail address	
Date of appointment	

Registrar

Title	
First name	
Family name/surname	
Job title	
Telephone number (incl. country code)	
E-mail address	
Date of appointment	

Senior finance contact person

Title	
First name	
Family name/surname	
Job title	
Telephone number (incl. country code)	
E-mail address	
Date of appointment	

Who is the best person to serve as the primary SARUA contact for each of the following areas:

Area	Name	Job title	Contact details
Leadership & management development			
Quality management			
Learning and Teaching Development			
Technology-enabled higher education innovation			

DECLARATION

Conditions of membership

- Members must remain in good standing with the legally recognised and approved higher education authority in the country in which they operate.
- Members will only be admitted on payment of annual subscription.
- We commit to membership payable annually, in advance, on 31 October of each year.
- Member institutions are responsible for any missed subscription payments and may be subject to suspension if they fail to make such payments.

SARUA reserves the right to revoke the membership of any institution that is in breach of any of the conditions of membership.

_____ (Name of applicant institution)

in applying to become a member of the Southern African Regional Universities Association (SARUA), undertakes to observe and perform all the conditions and provisions for the time being in force, or at any time hereafter to be duly brought into force, of the Charter and Statutes, By-Laws and Regulations of the Association, and nominates the under mentioned person (Vice-Chancellor, President, Principal, Rector) to be its representative until further notice in the event of its admission as a member.

Name of Executive Head

Signature of Executive Head

Date

University seal/stamp

Southern African Regional Universities Association (SARUA)
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