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**UNIVERSITY**

**OF**

**MAURITIUS**

**Established 1965**

Réduit, Mauritius

TELEPHONE: (230) 403-7400 FAX: (230) 454-9642/464-8004

Website: http://www.uom.ac.mu

 **Application for admission: academic 2024-2025**

## For Office Use Only

**Centre for innovative and lifelong learning**

**STAND ALONE MODULE:**

**AYUR 1000 Introduction to Ayurveda medicine (March 2025)**

(**Please use block letters**).

 **Application No.**

**YOU ARE STRONGLY ADVISED TO READ ALL INSTRUCTIONS CAREFULLY BEFORE YOU FILL IN THE FORM ACCURATELY. YOUR APPLICATION WILL BE INVALID AND AN OFFER OF A SEAT, IF MADE, WILL BE AUTOMATICALLY WITHDRAWN IN CASE OF WRONG INFORMATION PROVIDED AND/OR WRONG ENTRIES. LETTERS OF OFFER WILL BE SENT BY EMAIL ONLY AND MUST BE CONSULTED ON THE ONLINE APPLICATION SYSTEM.**

**(AS PER BIRTH CERTIFICATE & MARRIAGE CERTIFICATE WHERE APPLICABLE)**

**1. Surname (in full)**

 **Other names (in full)**

 **Maiden name (For married women)**

**2. Address for correspondence** **Telephone No.** Home

Mobile

 Office

 **Emergency Contact No.**

**Fax No. :**

 **VALID EMAIL ADDRESS**

**VERY IMPORTANT: Letters of Offer will be sent by Email only. The University will not take responsibility for a wrongly entered Email address**

 ( Tick as appropriate)

**3. Date of Birth** **4. Sex** **5. Marital Status** **6. Nationality**

**National ID No:**

 Day Month Year Male Female Married Single Mauritian Other

 If not Mauritian, specify .......................…………………....………………….....

**7. Do you have a major Physical Disability Handicap that may affect your studies? (Please give details)**

**8. ENROLMENT OPTION: AYUR 1000: Introduction to ayurveda medicine (Tick Only One Box)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Status of enrolment** | **Instructions** | **Fees** | **Tick only one box** |
| **Option A:** Earn the credits (6 credits) by submitting the required assessment | **Fill all the sections of this form** | **Rs 5,000** |  |
| **Option B:** Follow the module and opt for obtention of a Certificate of Attendance | **You do not need to fill in section 9 of this form.** | **Rs 1,500** |  |
| **Opting C:** Follow the module as hobby | **You do not need to fill in section 9 of this form.** | **FREE** |  |

9. List all subjects already taken in **exactly the same order as presented in your certificates**. Give the three best attempts in sections 9.1 - 9.2 and the respective month/year of examinations. Group together all subjects taken at each sitting.

**9.1**

 **SC/GCE/IGCSE ORDINARY LEVEL RESULTS**

|  |  |  |  |
| --- | --- | --- | --- |
|  **Index No.** | **1st Attempt** | **2nd Attempt** | **3rd Attempt** |
|  |  |  |
|   **Date of Attempt (Month/Year)** |  |  |  |  |  |  |  |  |  |  |  |  |
| SUBJECTS | **GRADES (e.g. 1,2,3… or A\*,A,B,C…) Preferably 1,2,3 ….** |
|  |  |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| 5 |  |  |  |  |
| 6 |  |  |  |  |
| 7 |  |  |  |  |
| 8 |  |  |  |  |
| 9 |  |  |  |  |
| 10 |  |  |  |  |
|  **SC Grade Aggregate**  |  |  |  |

**HSC ADVANCED LEVEL RESULTS (ENTER GRADES OBTAINED AT ADVANCED LEVEL ONLY - NOT ADVANCED SUBSIDIARY)**

**9.2**

 **Examining Body: Cambridge London International Baccalaureate French Baccalaureate Other**

 (Tick as appropriate)

**If Other, specify**

|  |  |  |  |
| --- | --- | --- | --- |
|  **Index No.** | **1st Attempt** | **2nd Attempt** | **3rd Attempt** |
|  |  |  |
|  | **Date of Attempt (Month/Year)** |  |  |  |  |  |  |  |  |  |  |  |  |
|  **Subjects obtained at Principal or**  **Advanced Level** | **GRADES should be exactly as per certificate. i.e A\*,A,B…E for HSC) &** **(1,2…7 for International BAC)** |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| 5 |  |  |  |  |
| 6 |  |  |  |  |

**HSC ADVANCED SUBSIDIARY LEVEL RESULTS (ENTER GRADES OBTAINED AT ADVANCED SUBSIDIARY LEVEL ONLY)**

**9.3**

 **Examining Body: Cambridge London International Baccalaureate French Baccalaureate Other**

 (Tick as appropriate)

**If Other, specify**

|  |  |
| --- | --- |
| **Subjects obtained at****Advanced Subsidiary Level** | **GRADES should be exactly as per certificate i.e (a,b…e for HSC ) & (1,2…7 for International BAC)** |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| 5 |  |  |  |  |
| 6 |  |  |  |  |

**You are requested to verify your SC and HSC results carefully. For HSC results, ensure that you have entered the subjects obtained at Advanced level in section 9.2 and those obtained at Advanced Subsidiary level in section 9.3. Any mistake on your part may result in your scores being wrongly computed.**

**FOR QUALIFICATIONS OTHER THAN SC AND HSC, APPLICANTS ARE REQUIRED TO SUBMIT AN EQUIVALENCE OF THEIR QUALIFICATIONS FROM AN AUTHORISED BODY.**

**10. CURRENT PROGRAMME FOLLOWED AT THE UNIVERSITY OF MAURITIUS/ EMPLOYMENT AT UNIVERSITY OF MAURITIUS**

|  |  |  |
| --- | --- | --- |
| Are you currently a student at the University of Mauritius? | **Yes** | **No** |
|  |  |
| **If you answered yes, please provide your student ID number and name of programme in which you are enrolled:****Student ID Number:****Programme:** |

|  |  |  |
| --- | --- | --- |
| Are your currently working at the University of Mauritius? | **Yes** | No |
|  |  |

**11. DATA TO RECRUITING FIRMS/POTENTIAL EMPLOYERS**

**In case you are admitted to the University of Mauritius, do you authorise the University to transmit your Name, Address, Phone Numbers and Email address to Potential Employers?**

 **Yes No**

 **(Tick as appropriate)**

**12. this section must be filled in by all applicants and countersigned by parent / legal guardian if under 18 years of age**

I, ........................................................................................................................................................ , solemnly declare that if admitted to the University, I will diligently follow the programme of study for which I am selected to its completion or the termination of my Registration; that I will conform to all the rules and regulations of the University and that I will inform the Registrar, in writing and without delay, if I withdraw from the programme before completion of same.

I undertake, in the event of my being offered a seat at the University of Mauritius, to pay all fees as per University requirements, failing which legal action may be taken against me. I also agree that if I do not pay all fees due to the University of Mauritius, I may be denied access to examinations and/or be denied my final award certificate.

**I declare that the above information is correct and I am aware that my application will be invalid and an offer of a seat, if made, will be automatically withdrawn in case of wrong information being provided and/or wrong entries. By providing the UoM with my information and by using the UoM Systems, I consent to all of my information being used, processed, disclosed and retained as set in the Disclaimer for the UoM Online Systems *(*** [***http://www.uom.ac.mu/index.php/onlinedisclaimer.html***](http://www.uom.ac.mu/index.php/onlinedisclaimer.html) ***).***

Date ........../............/............. Signature of Applicant .……………..........................................................

 **if under 18 years of age**

 Name of Parent/Guardian ............................................................. .............................. .............................. ..............................

Date ........../............/............. Signature ........................………………….......................………..........