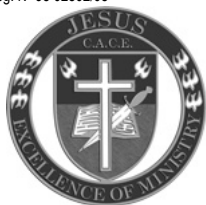


# COLLEGE FOR ADVANCED CHRISTIAN EDUCATION

Reg. No 98 02802/08

PostNet Suite 145, Private Bag X1, Florida Hills 1716, Republic of South Africa

Ref: APPfor.10-01



Tel: +27 (0)11 958-1250

Fax: +27 (0)11 958-1592

Email: info@cace.co.za

Website: www.cace.co.za

Corner Hendrik Potgieter & Falls Streets, Little Falls, Roodepoort RSA

Attach your  
passport-size  
photo here  
(or email  
if form  
is faxed)

## APPLICATION FORM FOR ADMISSION TO STUDY PROGRAMME

### INSTRUCTIONS FOR COMPLETING APPLICATION FORM

**NAME OF APPLICANT:** Surname (Family name) \_\_\_\_\_

First names in full \* \_\_\_\_\_ \*What name are you known by? \_\_\_\_\_

Maiden name (Married women) \_\_\_\_\_ **TITLE:** Mr Ms Mrs Miss Rev Dr Other \_\_\_\_\_

- Read **all** these instructions and the accompanying *PROSPECTIVE STUDENT LETTER* carefully **before** completing the rest of this *APPLICATION FORM*.
- The name COLLEGE FOR ADVANCED CHRISTIAN EDUCATION is often abbreviated as CACE in these documents.
- Complete this form by **printing** in black pen or by typing. Insufficient or wrong information will delay application process. Ensure **all** sections are filled out **completely**:
  - 1<sup>st</sup> Year (Certificate in Ministry) applicants must complete **all** sections. This also applies to Distance Learning applicants and Christian Counselling Course applicants that have not completed any CACE programmes previously.
  - 2<sup>nd</sup> Year (Diploma in Ministry) and 3<sup>rd</sup> Year (Advanced Diploma in Ministry) applicants do not have to complete questions that are shaded **in this format**.
- If your **spouse** wants to study at CACE, he/she must complete his/her own *APPLICATION FORM*.
- If you are not a South African citizen, you **cannot** use this *APPLICATION FORM*. Please contact us for more information concerning study permits and other details.
- Limit remarks to space provided, but answer **all** questions clearly and fully. Incomplete applications will not be processed. Should any answer require more space, use proper references and record additional information on the last page of this *APPLICATION FORM*. Where applicable, **tick** (✓) in the appropriate blocks ().
- If a question does not apply to you, write *N.A.* (Not Applicable) in the space provided.
- Ensure that the **Legal Consent, Medical Consent, Personal Declaration and Enrolment Contract** on the second last page of this *APPLICATION FORM* are signed.
- The following **must** accompany your *APPLICATION FORM*:
  - The application fee (R50 for the Campus College or R200 for Distance Learning). **No** application will be considered without payment of this non-refundable fee, covering admin expenses. The application fee can be paid into the CACE bank account **only** if proof of payment (stating your full names and other details) is emailed or faxed to CACE. Our banking details are as follows:
 

Bank: Absa Bank	Account Holder: College for Advanced Christian Education	
Branch Code: 632005	Account Number: 01044241362	Swift Code: ABSAZAJJ
  - A **current** passport-size photograph, head and shoulders close-up **only**. If posting the *APPLICATION FORM*, attach the photo to the form. If returning the *APPLICATION FORM* by fax, your photo needs to be posted or emailed to us, giving your full names. Do **not** use snapshots, photos with other people pictured with you or cut-away photos. If you do not send a photo, your student card photo (taken at registration, if you are accepted) will be used. An extra charge will be levied.
  - The completed *ENROLMENT CONTRACT* on the second last page of this *APPLICATION FORM*.
  - The enclosed *PASTOR'S RECOMMENDATION FORM*. This **confidential** questionnaire will be for CACE use only. This form **must** be completed by your local church **pastor** and **returned directly** to CACE. First-time applicants must also attach a copy of their church's statement of faith to this form. This document is **important** for the processing of your application. This does not apply if you are a member of LITTLE FALLS CHRISTIAN CENTRE (LFCC). Your application **cannot be processed** until this form has been returned. Therefore, ask your pastor to complete and return this form **promptly**.
- Your application **can only** be processed if you have followed **all** the above instructions. CACE should be notified of any change of address or contact details after submission of your application. Should receipt of your application not be acknowledged within four weeks after mailing or submission, enquiry should be made.

### FOR CACE USE ONLY

Study Programme	<input type="checkbox"/> 1 <sup>st</sup> Year (Certificate) <input type="checkbox"/> 2 <sup>nd</sup> Year (Diploma) <input type="checkbox"/> 3 <sup>rd</sup> Year (Advanced Diploma) <input type="checkbox"/> Christian Counselling Course		
<b>ITEM</b>	<b>DATE RECEIVED</b>	<b>CHECKED</b>	
Application Form			
Photograph			
Pastor's Recommendation			
Applicant's Signatures			
Application Fee: <input type="checkbox"/> R50 <input type="checkbox"/> R200 (Distance)	Receipt No:	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Credit Card	
<b>RESULT</b>	<b>COMMENTS</b>		
<input type="checkbox"/> Accepted <input type="checkbox"/> Provisionally Accepted			
<input type="checkbox"/> Interview Needed			
<input type="checkbox"/> Re-Application Required <input type="checkbox"/> Unsuccessful			
<b>STATUS</b>	<b>COMMENTS</b>		
<input type="checkbox"/> Active			
<input type="checkbox"/> No Show			
<input type="checkbox"/> Suspended <input type="checkbox"/> Reinstated			
<input type="checkbox"/> Dropped Out <input type="checkbox"/> Withdrawn <input type="checkbox"/> Excluded			
<input type="checkbox"/> Graduated			
<input type="checkbox"/> Bad Debt			

## A. STUDY PROGRAMME

1. HAVE YOU ALREADY SUCCESSFULLY COMPLETED ANY CACE STUDY PROGRAMME[S]?  Yes  No

If Yes, which programme[s] and when? \_\_\_\_\_

Student No when first enrolled: \_\_\_\_\_

2. FOR WHICH CACE STUDY PROGRAMME[S] ARE YOU CURRENTLY APPLYING?

STUDY PROGRAMME	STIPULATIONS
<input type="checkbox"/> 1st Year (Certificate in Ministry)	–
<input type="checkbox"/> 2nd Year (Diploma in Ministry)	(Applicant must have successfully completed 1st Year)
<input type="checkbox"/> 3rd Year (Advanced Diploma in Ministry)	(Applicant must have successfully completed 2 <sup>nd</sup> Year)
<input type="checkbox"/> Christian Counselling Course	(Only at Campus College – Applicant should preferably have successfully completed 1 <sup>st</sup> Year)

3. STUDY METHOD:  Campus College  Distance Learning Student  Satellite College (International)  Satellite College (South Africa)

If SA Satellite College, which one? \_\_\_\_\_

If Distance Learning Student, medium:  DVDs  
 CDs  
 Portable Media Player (Audio MP3)  
 Portable Media Player (Video e.g. iPod)

## B. PERSONAL INFORMATION

1. TELEPHONE NUMBERS:

Home:	Int code( ) Area code( )	Work:	Int code( ) Area code( )
Fax:	Int code( ) Area code( )	Cell:	Int code( ) ( )

2. ADDRESSES:

E-Mail:	_____		
Residential:	_____		
Postal:	_____	Postal code:	_____

3. BIRTH PLACE City / Town: \_\_\_\_\_ Country: \_\_\_\_\_

BIRTH DATE: Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_ AGE: \_\_\_\_\_ GENDER:  Male  Female

4. NATIONALITY:  South African  Other (Specify): \_\_\_\_\_

IDENTITY No: \_\_\_\_\_ HOME LANGUAGE: \_\_\_\_\_

5. NEAREST RELATIVE (NOT SPOUSE) TO BE NOTIFIED IN CASE OF EMERGENCY:

(This person must have a telephone – Only required for students in Campus College and Satellite Colleges)

Name:	_____		Relationship:	_____
Home Tel No	Int code( ) Area code( )	Work Tel No	Int code( ) Area code( )	
Fax No	Int code( ) Area code( )	Cell Tel No	Int code( ) ( )	
Residential Address:	_____			

## C. MARITAL STATUS INFORMATION

1. CURRENT MARITAL STATUS:  Single  Engaged  Married (Legally)  Married (Custom)  Widow[er]  Separated  Divorced  Remarried

2. PERSONAL DATA OF SPOUSE / FIANCÉ[E] Surname: \_\_\_\_\_ First name: \_\_\_\_\_

Birth date: Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_ Age: \_\_\_\_\_ Country of birth: \_\_\_\_\_

Nationality: \_\_\_\_\_ Identity No: \_\_\_\_\_ Occupation: \_\_\_\_\_

3. MARRIAGE DETAILS Date of marriage: \_\_\_\_\_ Place of marriage: \_\_\_\_\_

Have you (or your spouse) been previously married?  Yes  No If Yes, complete details below:

	How many times?		How many times?
SELF	Date of last marriage	SPOUSE	Date of last marriage
	Date[s] of divorce[s]		Date[s] of divorce[s]

4. SPIRITUAL DETAILS Is your spouse a professed Christian?  Yes  No

5. CACE STUDIES Will your spouse be attending CACE?  Yes  No If Yes, which study programme? \_\_\_\_\_

Has your spouse previously attended CACE?  Yes  No If Yes, which year did spouse graduate? \_\_\_\_\_

Is your spouse in agreement that you attend CACE?  Yes  No If No, explain: \_\_\_\_\_

## D. SPIRITUAL DETAILS

1. **WERE YOU RAISED IN A CHRISTIAN HOME?**  Yes  No
2. **DO YOU BELIEVE IN JESUS AND HAVE YOU PROFESSED HIM AS YOUR SAVIOUR AND LORD (ROMANS 10:9,10)?**  Yes  No  
 If Yes, briefly relate your experience (with place & date): \_\_\_\_\_
- HAVE YOU BEEN BAPTISED AS A BELIEVER BY IMMERSION IN WATER (MATTHEW 28:19)?**  Yes  No  
 If Yes, when and where were you baptised in water? \_\_\_\_\_
- HAVE YOU BEEN BAPTISED IN THE HOLY SPIRIT (ACTS 2:4)?**  Yes  No  
 If Yes, briefly relate your experience (with place & date): \_\_\_\_\_
3. **BASIC BELIEFS** Do you believe that the Bible is God's inspired Word and the only infallible guide in matters of conduct and doctrine?  Yes  No  
 Do you believe in the Trinity; that God is one, but manifested in three persons: the Father, the Son and the Holy Spirit?  Yes  No  
 Do you believe in the deity of Jesus Christ; that He is God made flesh and the only Mediator between God and man?  Yes  No

## E. FINANCIAL & LEGAL FACTS

God is able to meet all the needs of our students, but willingness and ability to fulfil financial responsibilities are vital for successful ministry. Some ministers with great potential have faltered because of improper handling of finances, thereby bringing reproach to the kingdom of God. Thus, we desire all the financial information required below.

**1. INDICATE HOW YOU PLAN TO PAY YOUR EXPENSES:**

<input type="checkbox"/> SELF	<input type="checkbox"/> Current employment	<input type="checkbox"/> Previous employment	<input type="checkbox"/> Savings (Amount on deposit): R _____
<input type="checkbox"/> PARENT	Name of parent[s] / guardian: _____		State amount: R _____
	Signature of parent / guardian: _____		Date: _____
<input type="checkbox"/> SPONSOR	Name of sponsor: _____		State amount: R _____
	Signature of sponsor: _____		Date: _____
	Postal address of sponsor: _____		Code: _____
	E-mail address of sponsor: _____		
	Tel Nos Home: Int code(____) Area code(____) _____		Work: Int code(____) Area code (____) _____
	Fax: Int code(____) Area code(____) _____		Cell: Int code(____) (____) _____
<input type="checkbox"/> OTHER	Specify other means of payment: _____		

**2. HAVE YOU HAD ANY CIVIL / CRIMINAL PROCEEDINGS AGAINST YOU OR ARE THERE ANY CURRENT JUDGMENTS AGAINST YOU?**

Yes  No If Yes, explain (include charges/sentences): \_\_\_\_\_

## F. CHURCH BACKGROUND

1. **IN WHICH CHURCH / DENOMINATION DO YOU CONSIDER YOURSELF TO HAVE BEEN RAISED?** \_\_\_\_\_
2. **DETAILS OF LOCAL CHURCH THAT YOU CURRENTLY ATTEND** Church name: \_\_\_\_\_  
 Address: \_\_\_\_\_ Senior Pastor's name: \_\_\_\_\_  
**ARE YOU PRESENTLY INVOLVED IN A HOME CELL?**  Yes  No Home Cell Leader's name: \_\_\_\_\_  
**HOW LONG HAVE YOU BEEN ATTENDING THIS LOCAL CHURCH?** \_\_\_\_\_  
**WHICH CHURCH DID YOU ATTEND BEFORE?** \_\_\_\_\_ For how long? \_\_\_\_\_
3. **WHAT CHURCH / MINISTRY ACTIVITIES ARE YOU PRESENTLY (OR WERE YOU FORMERLY) INVOLVED IN?** (Tick  F = Formerly, P = Presently)
- |  |  |  |   |
|--|--|--|---|
| <b>F P</b>                                   | <b>F P</b>                                   | <b>F P</b>   | <b>F P</b>  |
| <input type="checkbox"/> Teaching Ministry   | <input type="checkbox"/> Hospital Ministry   | <input type="checkbox"/> Music Ministry              | <input type="checkbox"/> Conducting Weddings / Funerals |
| <input type="checkbox"/> Missionary Ministry | <input type="checkbox"/> Visitation Ministry | <input type="checkbox"/> Creative Ministry           | <input type="checkbox"/> Church Pioneering              |
| <input type="checkbox"/> Evangelistic Work   | <input type="checkbox"/> Counselling         | <input type="checkbox"/> Television / Sound Ministry | <input type="checkbox"/> Church Construction            |
| <input type="checkbox"/> Preaching Crusades  | <input type="checkbox"/> Leading Home Cell   | <input type="checkbox"/> Audio / Video Duplicating   | <input type="checkbox"/> Christian Education            |
| <input type="checkbox"/> Street Ministry     | <input type="checkbox"/> Pastoral Care       | <input type="checkbox"/> Writing / Publication       | <input type="checkbox"/> Community Ministry             |
| <input type="checkbox"/> Ministry to Poor    | <input type="checkbox"/> Youth Ministry      | <input type="checkbox"/> Public Relations / Media    | <input type="checkbox"/> Business People                |
| <input type="checkbox"/> Prison Ministry     | <input type="checkbox"/> Children's Ministry | <input type="checkbox"/> Church Administration       | <input type="checkbox"/> Fund Raising                   |
- If you are or have been involved in any other church / ministry activities, please indicate below:
- | F P                      | ACTIVITY |
|--------------------------|----------|
| <input type="checkbox"/> |          |
| <input type="checkbox"/> |          |
- WHAT IS YOUR CURRENT POSITION IN THE CHURCH?** \_\_\_\_\_ How long have you held this position? \_\_\_\_\_

## G. CHURCH TESTIMONIAL

**1. MINISTER COMPLETING YOUR PASTOR'S RECOMMENDATION FORM** (This minister must be your pastor in your current local church)

Pastor's name: \_\_\_\_\_ Address: \_\_\_\_\_

Tel Nos Home: Int code(\_\_\_\_\_) Area code(\_\_\_\_\_) \_\_\_\_\_ Work: Int code(\_\_\_\_\_) Area code(\_\_\_\_\_) \_\_\_\_\_

Fax: Int code(\_\_\_\_\_) Area code(\_\_\_\_\_) \_\_\_\_\_ Cell: Int code(\_\_\_\_\_) (\_\_\_\_\_) \_\_\_\_\_

**2. DO YOU HOLD MINISTERIAL CREDENTIALS WITH ANY ORGANISATION?** Yes No If Yes, indicate ministerial status: Licensed Ordained

Which organisation / denomination? \_\_\_\_\_

## H. EDUCATIONAL RECORD

**1. STATE HIGHEST LEVEL OF EDUCATION ATTAINED** (Verify grade or number of academic years successfully completed):

Secondary school: \_\_\_\_\_ Vocational/Technical: \_\_\_\_\_ College/University: \_\_\_\_\_ Other \_\_\_\_\_

**2. LIST SECONDARY / HIGH SCHOOL AND / OR TERTIARY EDUCATIONAL INSTITUTIONS (INCLUDING BIBLE SCHOOLS) ATTENDED BY YOU:**

NAME OF SCHOOL	CERTIFICATE / DIPLOMA / DEGREE / ETC.	STUDY PERIOD
		From _____ To _____

**3. WHICH MINISTERIAL COURSE[S] HAVE YOU SUCCESSFULLY COMPLETED?**

COURSE	CHURCH / INSTITUTION	STUDY PERIOD
		From _____ To _____

**4. WHAT MUSIC / VOCAL / DRAMA TRAINING HAVE YOU RECEIVED?**

NAME OF SCHOOL	CERTIFICATE / DIPLOMA / DEGREE / ETC.	STUDY PERIOD
		From _____ To _____

**5. HAVE YOU EVER BEEN DENIED ACCEPTANCE OR BEEN SUSPENDED / EXCLUDED FROM ANY EDUCATIONAL INSTITUTION?** Yes No

If Yes, explain briefly: \_\_\_\_\_

**6. DO YOU HAVE ANY LEARNING DISABILITIES?** Yes No If Yes, explain: \_\_\_\_\_

**7. SPECIAL PROFESSIONAL / OCCUPATIONAL SKILLS:** \_\_\_\_\_

**8. ARE YOU CURRENTLY EMPLOYED?** Yes No If Yes, employer: \_\_\_\_\_

## I. MEDICAL DATA

**1. PHYSICAL CONDITION** (Tick  E = Excellent, G = Good, F = Fair, P = Poor):

E G F P	E G F P	E G F P	E G F P
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> General Health	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Eyesight	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Hearing	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Heart
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Lungs			

**2. DO YOU SUFFER FROM ANY SERIOUS TRANSMITTABLE DISEASE?** Yes No If Yes, state disease[s]: \_\_\_\_\_

**HAVE YOU BEEN TESTED, RECEIVED MEDICAL ADVICE / TREATMENT CONCERNING HIV-INFECTION OR ANY AIDS-RELATED CONDITION?**

Yes No If Yes, for what reason and what was the result? \_\_\_\_\_

(Answering the above question #2 is not considered compulsory. These answers will not be used as grounds to refuse any applicant entry. At request of the applicant, these answers will be kept confidential and used only if considered essential in assistance of the applicant.)

**3. ARE YOU PRESENTLY TAKING ANY MEDICATION?** Yes No If Yes, name of medication: \_\_\_\_\_

How often do you take it? \_\_\_\_\_ Name of attending physician: \_\_\_\_\_

(If currently on medication for any sickness or disorder, a letter of recommendation from your doctor must accompany this application form.)

**HAVE YOU TAKEN ANY MEDICATION FOR A LONG PERIOD?** Yes No If Yes, explain: \_\_\_\_\_

**4. HAVE YOU OR ARE YOU USING ANY HABIT-FORMING SUBSTANCES?** Yes No If Yes, explain: \_\_\_\_\_

\_\_\_\_\_

**5. DO YOU HAVE ANY KNOWN MEDICAL ALLERGIES?** Yes No If Yes, specify medication: \_\_\_\_\_

**6. HAVE YOU BEEN A PATIENT IN A MENTAL HOSPITAL OR SANATORIUM?** Yes No If Yes, give date[s], reason[s], name[s] of hospital and doctor: \_\_\_\_\_

\_\_\_\_\_

**7. IN CASE OF FEMALE APPLICANTS, ARE YOU PREGNANT?** Yes No If Yes, baby's expected date of birth: \_\_\_\_\_

## J. DECLARATIONS

**1. LEGAL CONSENT** (If applicant is under 21 years of age):

*"I / We, parent[s] / legal guardian of the applicant, hereby consent to the applicant's intended studies at CACE."*

Signature of parent[s] / guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**2. MEDICAL CONSENT:**

*"I hereby grant permission to CACE or a consulting physician to render to me any emergency treatment or medical care that might be deemed necessary. When necessary for executing such care, I grant permission for hospitalisation at an accredited hospital."*  Yes  No

(You must tick  Yes or No in one of the blocks following the above statement and then endorse with signature below. If no block is ticked and/or the medical consent is not signed below, CACE accepts that permission for emergency treatment or medical care is not granted.)

Signature[s] of applicant (and if under 21 years, parent[s] / guardian): \_\_\_\_\_ Date: \_\_\_\_\_

**3. APPLICANT'S PERSONAL DECLARATION:**

In order for one to assume a leadership role in Christian ministry, our conviction is that the highest standards of personal conduct and moral living should be maintained. Our persuasion is that this includes abstinence from the use of tobacco, intoxicants and illegal or habit-forming drugs while attending CACE. We do not condone any immoral conduct related to fornication, adultery, homosexual activities, pornography, etc. Understanding our position on these matters, please confirm below your acceptance of these inherent requirements. Non-compliance could exclude you from acceptance.

*"I will comply with the above stated policy of CACE ("the College"). I understand that if CACE finds that I have violated this policy, it will be grounds for exclusion from studies. If changes occur after I have signed this application, I will inform CACE with details and explanation in writing.*

*I have submitted all documents, as well as my application fee, required for this application. I declare that all the information contained in this application is correct and true. I will inform CACE of any interim changes. If the College is notified that any information is false, my application could be rejected or, if I am accepted, it could be grounds for exclusion from CACE studies.*

*If I am accepted as a CACE student, I agree to abide by all the College rules. I will exemplify good Christian character and conduct at all times and places during the period that I am a CACE student. I will faithfully fulfil my financial commitments to the College. I appreciate that attendance at CACE is a privilege and not a right; and that the College reserves the right to require the exclusion of a student at any time if such action is deemed necessary to safeguard the ideals of scholarship or the moral atmosphere of CACE.*

*I understand that all rights are reserved on CACE material, names and logos; and I undertake to honour this copyright.*

*I hereby grant permission to CACE and LFCC to use any photographs taken of me in conjunction with College activities. I understand that these photographs become the property of CACE and may be used at any time without remuneration to me.*

*I hereby indemnify CACE and LFCC (or any of its employees, servants or agents) against any loss or injury of whatever nature sustained by myself or any member of my family in the course of any CACE or LFCC activities."*

Signature[s] of applicant (and if under 21 years, parent[s] / guardian): \_\_\_\_\_ Date: \_\_\_\_\_

Signature of witnesses: 1. \_\_\_\_\_ 2. \_\_\_\_\_ Date: \_\_\_\_\_

(CACE does not discriminate on the basis of race, ethnic origin, gender or age. However, applicants must meet criteria for acceptance. The Registrar will notify applicants in writing whether they have been accepted into the study programme[s] of CACE.)

## K. ENROLMENT CONTRACT

**1. PAYMENT OPTION:**  Instalment Plan  Upfront Payment  Debit Order

**2. FEES RATE:**  Standard Rate  Special Rate ( Immediate Family Member  Disabled  Pensioner)  LFCC Staff Rate

**3. PERSON RESPONSIBLE FOR PAYMENT OF ACCOUNT:**

PERSON	DETAILS		
<input type="checkbox"/> Spouse	Name:	Tel No W: (    )	Tel No H: (    )
	E-Mail Address:	Fax No: (    )	Cell No: (    )
	Postal Address:	Postal code:	
<input type="checkbox"/> Parent[s] / Guardian	Name:	Tel No W: (    )	Tel No H: (    )
	E-Mail Address:	Fax No: (    )	Cell No: (    )
	Postal Address:	Postal code:	
<input type="checkbox"/> Sponsor	Name:	Tel No W: (    )	Tel No H: (    )
	Company / Ministry / Church:		
	E-Mail Address:	Fax No: (    )	Cell No: (    )
	Postal Address:	Postal code:	
<input type="checkbox"/> Self			

I, (Applicant or if under 21 years, parent[s] / guardian) \_\_\_\_\_, and

I, (Sponsor, if applicable) \_\_\_\_\_, hereby agree to be liable / jointly and severally liable, for the contract amount, subject to the conditions and policies stipulated. I / We commit to ensure that all fees are paid before or on the due date. Failure to attend classes by the prospective student will not reduce my / our liability under this contract.

Signature of applicant (or of parent[s] / guardian, if applicant is under 21 years): \_\_\_\_\_ Date: \_\_\_\_\_

Signature of sponsor (If applicable): \_\_\_\_\_ Date: \_\_\_\_\_

## L. CONTRACT CONDITIONS

### 1. APPLICATION / REGISTRATION

- 1.1 A non-refundable Application Fee must accompany each Application Form.
- 1.2 To register as a student, a non-refundable Registration Fee is payable at registration. Students will not be registered or receive student cards until the Registration Fee has been paid.

### 2. FINANCIAL DELINQUENCY

- 2.1 School fee instalments are paid in advance. The monthly instalment is due and payable on the first day of each month and then becomes past-due. Past-due payments will be accepted until the fifth day of the month. A student could be refused entrance into the class after the fifth day of the month if the instalment is not paid. Such students could be suspended from College on the seventh day of the month for non-payment and be required to hand in their student cards at the CACE office. Should suspended students not respond favourably within five days of receiving notice of suspension, this could result in the students automatically excluding themselves from CACE ("the College").
- 2.2 Students with any overdue accounts will not receive any handouts, *Study Guides* or other material. Such students are not allowed to attend any College function until their fees are brought up to date. CACE reserves the right to refuse such students participation in the graduation ceremony and/or the withholding of their term reports, certificates or diplomas.

### 3. CANCELLATION / WITHDRAWAL POLICY

- 3.1 Students that leave the College for any reason during the orientation programme or the first term will be liable for the application fee, registration fee and the full College fees for the first term.
- 3.2 Students that leave the College for any reason in the second and third term must give a full CACE term's notice. If students give notice within the first five College days of a term, they will be liable for the full amount of College fees for that term. Should late notice or no notice be given, such students will be liable for the full amount of College fees for that term and the next term. Such students will not receive certificates or diplomas and CACE will not issue any academic transcripts.
- 3.3 Students that leave the College for any reason at any time in the fourth term will be liable for the full amount of College fees for that term. Such students will not receive certificates or diplomas and CACE will not issue any academic transcripts.

### 4. REFUND POLICY

- 4.1 If College fees have been paid in a lump sum and then, for any reason, the student voluntarily withdraws from the College, the remainder of the general fee will be refunded on a pro-rata basis, according to the cancellation/withdrawal policy above, at the sole discretion of CACE and mailed to the student within thirty days. No refund will be allowed for application fees, registration fees or *Study Guides* already issued.
- 4.2 No refund will be given if a student is excluded due to non-compliance of College requirements.

### 5. STIPULATIONS

- 5.1 The student and/or sponsor choose as their domicilium citandi et executandi, their physical addresses for the purposes of service of any court processes, summons and notices, should legal action flow from this agreement. The student undertakes to notify CACE of any change of address and/or telephone numbers.
- 5.2 The student and/or sponsor undertake to pay legal collection costs on an attorney and own client scale, including collection commission and tracing fees, should CACE institute action for recovery of any arrear amounts. A letter of demand shall be deemed to be covered by the term "institute action".
- 5.3 This is the full agreement between the parties, and no indulgence granted by CACE will be deemed to be a waiver of any rights of CACE, or operate as an estoppel.
- 5.4 No variation of consensual cancellation of this agreement will have any force or effect unless reduced to writing and signed by both parties.

## M. ADDITIONAL NOTES