**[Departmental Letterhead]**

Date

[Name]

[Dept Address]

Dear [Name]

## **Student Visitor’s Letter**

We are pleased to welcome you as a student visitor to the (School/Dept/Entity Name) at the University of the Witwatersrand, Johannesburg (hereafter “The University”)

This letter (“the Student Visitor’s Letter”), together with the Standard Terms and Conditions for Student Visitors which are attached or linked, sets out the terms of the agreement between you, your home institution and the University whilst you are engaged in any activity on University premises.

**Your details:**

| **Name** |  |
| --- | --- |
| **Title** (Dr, Mr, Ms, etc) |  |
| **Residential Address while in South Africa** (not Department address) **If currently unknown, you will need to inform us as soon as confirmed, or at the latest on arrival**  |  |
| **Home Residential Address**(not Department address) |  |
| **Name of University host School/Department/Entity** |  |
| **Academic Host within the University** |  |
| **Start Date** |  |
| **End Date** |  |
| **Activities** | As set out in the Application Form |
| **Your Home Institution**  |  |
| **Details of contact at your Home Institution** (eg your tutor or supervisor) |  |

If you are a national from outside the Republic of South Africa you will require a Visitor’s Visa to undertake a period of study in South Africa. This may be obtained from Immigration on arrival in the country, upon presentation of proof that you have been accepted for study purposes at the University. It is normally valid for three months.

If you are willing to agree to the terms set out in this letter and the Standard Terms and Conditions for Student Visitors attached, please sign and return a copy of this letter.

My colleagues and I are very much looking forward to your visit which we hope you will find enjoyable and productive.

**Signed**

The student

I confirm that I agree to the terms set out in this letter and the Standard Terms and Conditions for Student Visitors referred to above.

Signed -------------------------------------------- Date / /201

Name (printed) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The Academic Host

I confirm that I am the Academic Host of (student’s name) and that I agree with the description of the proposed Academic Activities above

Signed -------------------------------------------- Date / /201

Name (printed) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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