Faculty Office of

**Management Sciences**

Tel: (031) 373 5441

Fax: 086 674 1216

Box 1334, Durban 4000

**B.** **TECH,** **M.** **TECH** **and** **D.** **TECH** **APPLICATION** **FORM**



|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| DUT STUDENT NUMBER | | | | | |  | | | | | | | | | | | | | | | | Registration Year | | | | | | |  | | |
| TITLE | MR | | MS | | MRS | | MISS | | | Other …….. | | | | | | | SURNAME | | | | | |  | | | | | | | | |
| INITIALS | |  | | | | | FULL NAMES | | | | | | |  | | | | | | | | | | | | | | | | | |
| DATE OF BIRTH | | | | | DAY MONTH YEAR | | | | | | | | | | | | IDENTITY/PASSP ORT NUMBER | | | | | | |  | | | | | | | |
|  | | |  | | | | |  | | | |
| Marital Status | | | | |  | | | | | | Maiden Name | | | | | | | |  | | | | | | Gender \* | | | | |  | |
| State any disability | | | | |  | | | | | | Home Language \* | | | | | | | |  | | | | | | Religion \* | | | | |  | |
| Occupation \* | | | | |  | | | | | | Population group\* | | | | | | | |  | | | | | | Citizenship \* | | | | |  | |
| Country of origin \* | | | | |  | | | | | | What were you doing last year? | | | | | | | |  | | | | | | Last institution registered at | | | | |  | |
| POSTAL ADDRESS | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | |  | | | | | | | | | | | | | POSTAL CODE | | | | |  | | | | | | |
| Telephone (Home) | | | | | Code | |  | | | | | Number | | | |  | | | | | | | | | Cellphone | | | |  | | |
| Telephone (Work) | | | | | Code | |  | | | | | Number | | | |  | | | | | | | | | E‐Mail | | | |  | | |
| Next of Kin Name | | | | |  | | | | | | | | | | | | | Next of Kin contact number | | | | | | | | |  | | | | |
| Next of Kin  Address | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **WHAT PROGRAMME ARE YOU APPLYING FOR (eg B‐TECH: MANAGMENT, M‐TECH: QUALITY)** | | | | | | | | | | | | | | | PhD or Master’s in Public Management - Peace Studies (select one)  Master | | | | | | | | | | | | | | | | |
| **YEAR/S** | | | | **CURRENT / PREVIOUS TERTIARY STUDIES** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FROM | TO | | | INSTITUTION | | | | | | | | | QUALIFICATION NAME | | | | | | | | STUDENT NUMBER | | | | | QUALIFICATION COMPLETE | | | | AWAITING RESULTS | |
|  |  | | |  | | | | | | | | |  | | | | | | | |  | | | | | YES | | NO | | YES | NO |
|  |  | | |  | | | | | | | | |  | | | | | | | |  | | | | | YES | | NO | | YES | NO |
| Are you enrolled or do you intend enrolling at another institution while studying at DUT? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | YES | NO |
| **Office use:** | | | Web details  Captured by: | | | | | |  | | | | | | | | Date captured: | | | | | | | | |  | | | | | |
| Biographical details: | | | | | | | | |  | | | | | | | | Date captured: | | | | | | | | |  | | | | | |

Please attach the following documents to your application:

▸ Certified copy of your Diploma/Degree and any further academic qualifications you may have.

▸ ~~Certified copy of your Matric certificate~~

▸ Certified copy of ID Document/Passport

▸ Completed Indemnity form (below)

▸ International applicants with foreign qualifications are required to have their qualifications assessed to confirm that they are equivalent to a South African qualification. This evaluation is carried out by SAQA (South African Qualifications Authority). Ask Prof Harris or Dr Kaye for more details.

**DECLARATION BY APPLICANT**

I, (name and surname ) the undersigned applicant, declare that all the information supplied is true and that none of the information requested has been withheld. I understand that an incomplete application will not be processed. I understand that the department applies selection procedures and that offers of places may be withdrawn if the conditions are not met or if the University discovers that I have provided false information in my application for admission.

Signature of Applicant:.................................................................. Date :...................................

**FOR** **ACADEMIC** **DEPARTMENT** **USE** **ONLY**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| The student has been accepted into the following qualification: | | | | | | | |
| DEPARTMENT |  | | | | | | |
| QUALIFICATION |  | | | | | | |
| QUALIFICATION CODE |  | | Part –time or Full time | | | D1 | D3 |
| STUDY PERIOD (TICK APPROPRIATE BOX) | 1 | 2 | 3 | 4 | 5 | | 6 |
| BLOCK CODE | 11 | 21 | 22 | OTHER SPECIFY | | |  |

**PLEASE NOTE THAT IF CONFERMENT OF STATUS IS REQUIRED THE FORM MUST ACCOMPANY THIS APPLICATION**

I, ………………………………………………………………………………………………………………………………………………………………………. (HOD name) am accepting the student into the programme. I have checked that the applicant has signed and completed all the information on this form. I have also checked that all the documents requested have been submitted and are attached to the form. Missing information and documents will nullify this application.

Signature of HOD: ................................................................................... Date:…………………………………………..

**NB: Please stamp this application with your departmental stamp to validate the decision.**

**\*Statistical details for Government use**