

POSTGRADUATE APPLICATION FORM -2019

STUDENT NUMBER										
TITLE	PROF	DR	MRS	MISS	MS	MR	SURNAME			
INITIALS		FIRST NAMES								
DATE OF BIRTH		DAY	MONTH	YEAR						
IDENTITY/PASSPORT NUMBER										
POSTAL ADDRESS										
							POSTAL CODE			
Telephone (Home)		Code				Number		Cellphone		
Telephone (Work)		Code				Number		E-Mail		
Facsimile		Code				Number				
WHAT PROGRAMME ARE YOU APPLYING FOR (eg B-TECH: DENTAL TECHNOLOGY, M-TECH: DENTAL TECHNOLOGY)										
CURRENT / PREVIOUS TERTIARY STUDIES										
FROM	TO	INSTITUTION	QUALIFICATION NAME	STUDENT NUMBER	QUALIFICATION COMPLETE		AWAITING RESULTS			
					YES	NO	YES	NO		
					YES	NO	YES	NO		
Have you ever been excluded from a tertiary institution or residence?							YES	NO		
If yes, please provide the year of exclusion.										
Institution and Details of Exclusion										

Are you enrolled or do you intend enrolling at another institution while studying at DUT?	YES	NO
If Yes : Institution and Qualification		

Please attach 1 certified copy of your:

- ▶ Diploma/Degree and any further qualifications you may have.
- ▶ ID Document/ Passport
- ▶ Students that are transferring from other Institutions (except DUT) must provide an original copy of their academic record and a certificate of conduct.
- ▶ 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). For more information kindly refer to the attached DUT International Applicants Information brochure.

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 I understand that the department apply selection procedures and that offers of places may be withdrawn if the conditions are not met or if the University discovers that I have provided false information in my application for admission.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 :.....

<u>FOR ACADEMIC DEPARTMENT USE ONLY</u>	
ACCEPTED INTO PROGRAMME	<input type="checkbox"/> YES <input type="checkbox"/> NO
If No - Reason for non acceptance:	

Signature of HOD:

Date:.....