**POSTGRADUATE APPLICATION FORM -2021**

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 I understand that the department apply selection procedures and that offers of places may be withdrawn if the conditions are not met or if the University discovers that I have provided false information in my application for admission.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

**FOR ACADEMIC DEPARTMENT USE ONLY**

ACCEPTED INTO PROGRAMME

YES NO

If No - Reason for non acceptance: ..........................................................................................................................................

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

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