

Address: S Block, Level 0 S4, Steve Biko Campus

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Email: industrialadmin@dut.ac.za

# APPLICATION FORM

## B Eng Tech Hons (Industrial)

Student Number  
only for DUT Students

Year of Enrollment

First Names:

ID Number

Tel.: (Home) Code:

Number:

Cell:

Employed YES

☐

No

☐

Email:

### CURRENT/PREVIOUS TERTIARY STUDIES

From	To	Institution	Qualification Name	Student Number	Qualification Complete	Awaiting Results
					YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
					YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>

Have you ever been excluded from tertiary institution or residence

YES

☐

NO

☐

If yes, please provide the year of exclusion

Institution and details of exclusion

Students to note the intake criteria for the qualification. All non HEQSF aligned qualifications will be subject to further screening

Departmental Administration

Routing: Student → HOD → Faculty Office

## Please attach certified copy of:

- Any academic qualification obtained at a tertiary level
- Academic transcripts for the qualifications mentioned above (not applicable for DUT issued qualifications). Prospective students to ensure that the academic transcripts includes the letter of good conduct.
- ID Document/Passport
- Students that are transferring from other Institutions (except DUT) must provide original copy of their academic record and a certificate of conduct
- International applicants with foreign qualifications are requested to apply through the DUT International Office.
- [http://www.dut.ac.za/faculty/engineering/industrial\\_engineering](http://www.dut.ac.za/faculty/engineering/industrial_engineering)

All prospective applicants are forewarned that the program is offered on a full time basis during the course of the week. There are no evening and other classes to accommodate part time students.

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 I understand that the department may apply selection procedures and that offers of placement may be withdrawn if the conditions are not met or if the University discovers that I have provided false information in my application for admission.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

OFFERING TYPE

D1

D3

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

.....

.....

.....  
Signature of HOD

.....  
Date