



**Faculty of Management Sciences
Project 500**
Durban University of Technology

A- Block, ML Sultan Campus

Tel: (031) 373 5374
Fax: (031) 373 5333
Email: projectofficer@dut.ac.za

www.dut.ac.za

SECTION TO BE COMPLETED BY APPLICANT

Surname:

First Name/s: Title:

Identity Number:.....

Student Number (If current DUT student)

E-Mail Address:.....

Postal Address:.....

..... Postal Code:

Contact Number/s:.....

Qualification for which Applicant wishes to be Registered for:
(E.g MTech: Quality)

Highest Qualification achieved/ Current Qualification registered for
(E.g. BTech Management)

Proposed Year/Semester of Registration:.....

ACADEMIC QUALIFICATIONS (Certified copies to be attached)

(i) Completed (if none, please state)	Date
(ii) Incomplete(if none, please state)	

I hereby make the application and certify that the details furnished in this application and the attached documentation is correct.

.....
SIGNATURE OF STUDENT

.....
DATE