

FACULTY OF MANAGEMENT SCIENCES

Address: A-Block, ML Sultan Campus

Tel: (031) 373 5441



POSTGRADUATE APPLICATION FORM

Student Number					Year of Registration			
Title					Surname			
Initials			First Names					
Date of Birth	Day	Month	Year	Marital Status				
Identity Number								
Passport Number (For International Students)								
Postal Address								
						Postal Code		
Telephone (Home)					Cellphone			
Telephone (Work)					E-Mail			
Fax Number								
What Programme Are You Applying For (Eg Advanced Dip: Dental Technology, Master's: 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								

Routing: Student → Head of Department → Faculty Office

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

Please attach one 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.
- ▶ Matric/School Leaving Certificate (If available)
- ▶ 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 I understand that the department apply selection procedures and that offers of places may be withdrawn if the conditions are not met or if the University discovers that I have provided false information in my application for admission.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:

I confirm that the applicant meets the admission requirements to register for this programme.

Signature of HOD:

Date:.....