

# FACULTY OF MANAGEMENT SCIENCES

Address: A-Block, ML Sultan Campus  
Tel: (031) 373 5441



## APPLICANT BIOGRAPHICAL INFORMATION

This form is intended to capture all your vital information necessary for our administrative process. Please fill in all information correctly and legibly.						
PERSONAL INFORMATION						
STUDENT NUMBER					REGISTRATION YEAR	
1. SURNAME (IN FULL)					2. INITIAL/S	
3. FIRST NAMES (IN FULL)					4. TITLE (MR/MRS/MS)	
5. MAIDEN NAME (IF MARRIED)					6. DATE OF BIRTH (DD/MM/YYYY)	
7. IDENTITY/PASSPORT NO.					8. GENDER	
9. MARITAL STATUS (Please tick the correct box)	SINGLE	MARRIED	DIVORCED	WIDOW	14. RACE	
13. OCCUPATION (Please tick the correct box)	EMPLOYED BY EXTERNAL EMPLOYER	EMPLOYED BY DUT	UN-EMPLOYED		12. RELIGION	
42. DO YOU HAVE ANY DISABILITIES? if so, please describe your disability	YES	NO			11. HOME LANGUAGE	
21. WHAT WAS YOUR ACTIVITY LAST YEAR? Were you employed or a student or matric, etc.				22. NAME OF LAST TERTIARY INSTITUTION REGISTERED AT (If applicable)		
CITIZENSHIP						
15. ARE YOU A SOUTH AFRICAN CITIZEN? Please tick the correct box	YES	NO	10. IF NO, WHAT APPLICANT TYPE YOU? Please tick the correct box.	INTER-NATIONAL CITIZEN	SADC CITIZEN	
ONLY INTERNATIONAL STUDENTS TO ANSWER QUESTIONS 17 TO 20						
17. WHAT IS YOUR COUNTRY OF ORIGIN? i.e. The country where you were born.				18. ARE YOU CURRENTLY A SA PERMANENT RESIDENT	YES	NO
19. STUDY PERMIT NO.				20. STUDY PERMIT EXPIRY DATE		
PREVIOUS QUALIFICATIONS						
24. HIGHEST GRADE PASSED IN SECONDARY SCHOOL			25. YEAR & MNTH MATRIC EXAM WAS WRITTEN			26. MATRIC EXAM NO
						43. MATRIC SCHOOL NAME
39. NAME OF PREVIOUS QUALIFICATION (Other than DUT)				40. YEAR OF GRADUATION		
41. NAME OF PREVIOUS INSTITUTION				23. EXEMPTION OF SUBJECTS REQUIRED	YES	NO

<b>IMPORTANT ADDRESSES &amp; CONTACT DETAILS (ALL DETAILS MUST BE COMPLETED)</b>				
<b>28. POSTAL ADDRESS</b>				
			<b>POSTAL CODE</b>	
<b>30. ADDRESS USED DURING STUDY TERM AT DUT</b>				
			<b>POSTAL CODE</b>	
<b>29. FULL NAME OF PERSON/ COMPANY PAYING THE TUITION FEES</b>				
<b>ADDRESS OF THE ABOVE PERSON</b>				
			<b>POSTAL CODE</b>	
<b>31. NAME OF GUARDIAN OR NEAREST FAMILY MEMBER FOR CONTACT</b>				
<b>ADDRESS OF THE ABOVE PERSON</b>				
			<b>POSTAL CODE</b>	
<b>32. CELL NUMBER</b>	<b>34. HOME TELEPHONE NUMBER</b>	<b>35. GUARDIAN/ FAMILY MEMBER CONTACT</b>	<b>36. DURING TERM TELEPHONE NUMBER</b>	<b>37. WORK TELEPHONE NUMBER</b>
<b>38. EMAIL ADDRESS</b>			<b>39. FAX NUMBER</b>	
<b>27. CAO NUMBER</b>				

### **DECLARATION BY APPLICANT**

I, the undersigned applicant, hereby declare that all the required information above as completed by myself is true and correct. I undertake to notify the DUT in writing immediately if any of the above information changes. I understand that should I not inform the DUT of any changes to the above information or incorrect information, that I take full responsibility for any miscommunication or non-communication by the University.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

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## ADVANCED DIPLOMA STUDIES 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)								
<b>CURRENT / PREVIOUS TERTIARY STUDIES</b>								
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 also complete Form 22 Applicant Biographical Information and attach it to this application together with certified copies of the following documentation (where relevant):

- ▶ 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
- ▶ International applicants must further attach the following:-
  - Study Permit/Visa
  - Medical Aid
  - Matriculation Exemption (where applicable)
  - SAQA Evaluation (Students 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). (See the DUT International Applicants' Information brochure on the DUT website.)

**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 further understand that the department applies selection procedures and that offers of places may be withdrawn if conditions are not met or if the University discovers that I have provided false information in my application for admission. (Any persons providing fraudulent documentation shall be subject to a disciplinary hearing.)

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:.....

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## APPLICATION IN TERMS OF RULE G10A FOR THE CONFERMENT OF STATUS OF A QUALIFICATION FOR REGISTERING FOR A HIGHER QUALIFICATION

STUDENT DETAILS (to be completed by applicant)			
Student Number			
Surname		First Name/s	
Identity Number			
Passport Number (International Student)			
Postal Address			
		Postal Code	
Contact Number/s	Home	Work	Cell
Email Address			

Qualification for which Applicant wishes to be registered for:

(e.g. BTech: Engineering: Mechanical)

Pre-Requisite Qualification for which status is applied for:

(e.g. NDip: Engineering: Mechanical)

Proposed year of registration:	Annual	Semester	Part-time	Full-time
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### I. ACADEMIC QUALIFICATIONS (Certified copies to be attached)

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

### 2. PROFESSIONAL QUALIFICATIONS (Certified copies to be attached)


#### Declaration by Applicant:

I hereby make application in terms of Rule G 10A and certify that the details furnished in this application and the attached documentation are correct.

Signature of Student:

Date:

Routing: Student → HoD → Exco → Faculty Office

**SECTION B: To be completed by Head of Department**

**ASSESSMENT PANEL**

Name	Rank	Qualification

**The assessment panel recommends that the application be approved**

Unconditionally	or subject to the following conditions	(please <input checked="" type="checkbox"/> applicable block)
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**i. Academic Requirements**


**ii. Experiential Requirements**


**iii. Any other requirements**


**SECTION C: RECOMMENDATIONS**

	Name	Signature	Approved (✓)	Not Approved (✗)	Date
<b>Head of Department</b> <i>(on behalf of the assessment panel)</i>					
<b>Executive Dean</b> <i>(on behalf of Exco of Faculty Board)</i>					
<b>Date of Exco Meeting when decision was taken</b>					

**FOR OFFICE USE**

<b>Received by</b>		<b>Date</b>	
<b>Processed by</b>		<b>Date</b>	
<b>Checked by</b>		<b>Date</b>	
<b>Faculty Officer</b>		<b>Date</b>	

Routing: Student → HoD → Exco → Faculty Office