

# 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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## HIGHER CERTIFICATE 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 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:.....