# 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									REGISTI YEAR	RATION			
I. SURNAME (IN FULL)									2. INITIA	AL/S			
3. FIRST NAMES (IN FULL)									4. TITLE (MR/MR				
5. MAIDEN NAME (IF MARRIED)									6. DATE BIRTH (DD/MM				
7. IDENTITY/PASSPORT N	0.								8. GEND	ER			
9. MARITAL STATUS (Please tick the correct box)		SINGLE MARRIED DIVORC			CED	W	WIDOW 14. RACE		E				
13. OCCUPATION (Please tick the correct box)	EXTE	EMPLOYED BY EMPLOY EXTERNAL BY EMPLOYER DUT			UN- EMPLOYED				12. RELIGION				
42. DO YOU HAVE ANY DISABILITIES? if so, please describe your disability	YES	NO	NO					II. HOM					
21. WHAT WAS YOUR ACTIVITY LAST YEAR? Were you employed or a student or matric, etc.		22. NAME OF LAS TERTIARY INSTI REGISTERED AT (If applicable)					INSTIT						
				CI	TIZEN	SHIF	•						
15. ARE YOU A SOUTH AFRICAN CITIZEN? Please tick the correct box			S NO	APPLICANT TYPE NA		NATIO	TER- SADC CITI IONAL IZEN		TIZEN				
ONLY IN	TERNA	TION	AL STU	JDE	NTS T	O AI	/S/	WER (	QUEST	IONS	17 T	O 20	
17. WHAT IS YOUR COUNTRY OF ORIGIN? i.e. The country where you were born.			C				NTLY A	YES	1	NO			
19. STUDY PERMIT NO.			20.STU PERMI DATE					DY T EXPIRY					
PREVIOUS QUALIFICATIONS													
24. HIGHEST GRADE PASSED IN SECONDARY		MA	25.YEAR & MNTH MATRIC EXAM				26. MATRIC EXA						
39. NAME OF PREVIOUS QUALIFICATION (Other than DUT)		WASWRITTEN					43. MATRIC SCHOOL NAME  40. YEAR OF GRADUATION			IE			
41. NAME OF PREVIOUS INSTITUITION							OI	EXEMP SUBJEC QUIRED	CTS	YI	S	NO	

IMPORTANT ADDRESSES & CONTACT DETAILS (ALL DETAILS MUST BE COMPLETED)						
28. POSTAL ADDRESS						
			POSTAL CODE			
30. ADDRESS USED DURING STU TERM AT DUT	YDY					
			POSTAL CODE			
29. FULL NAME OF PERSON/ COI PAYING THE TUITION FEES	MPANY					
ADDRESS OF THE ABOVE PERSO	ON					
			POSTAL CODE			
31. NAME OF GUARDIAN OR NEA						
ADDRESS OF THE ABOVE PERSO	ON					
			POSTAL CODE			
32. CELL NUMBER	34. HOME TELEPHONE NUMBER	35. GUARDIAN/ FAMILY MEMBER CONTACT	36. DURING TERM TELEPHONE NUMBER	37. WORK TELEPHONE NUMBER		
38. EMAIL ADDRESS			39. FAX NUMBER			
27. CAO NUMBER						

#### **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

# FACULTY OF MANAGEMENT SCIENCES

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### MASTER OF BUSINESS ADMINISTRATION(MBA) APPLICATION FORM

Student	Numbe	r							Year of Re	egistratior	1		
Title							Surname						
Initials				First Name	s								
Date of	Birth	С	Day	Month	,	Year	Marital St	atus					
Identity	Numbe	r											
Passport Internat		•											
Postal A	ddress		-										
			-					Post	tal Code	e			
Telepho	ne (Hor	ne)			Cellp			phone	one				
Telepho	ne (Wo	rk)			E-Ma		ail						
Fax Number							1						
What Programme Are You Applying Fo				or (E tal T	g Advance echnology	ed ')							
												_	
				CU	RR	ENT /	PREVIC	OUS					
From	From To Institution (		Chalification Name		Student Number	Qualification Complete		Awaiting Results					
										YES	NO	YES	NO
										YES	NO	YES	NO
Have you ever been excluded from a te				ertiar	y instituti	on or reside	ence?				YES	NO	
If yes, please provide the year of exclusion					ion.								1
Institution and Details of Exclusion													

Are yo	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 <a href="mailto:certified">certified</a> copies of the following documentation (where relevant):							
<b>•</b>		ther 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.)
- MBA STUDENTS TO COMPLETE AND ATTACH REQUIREMENTS AS STIPULATED ON THE NEXT PAGE

#### **DECLARATION BY APPLICANT**

I,							
Signature of Applicant:	te :						
FOR ACADEMIC DEPARTMENT U	JSE ONLY						
ACCEPTED INTO PROGRAMME YES NO							
If No - Reason for non-acceptance:							
I confirm that the applicant meets the admission requirements to register for	r this programme.						
Signature of HOD:	Date:						



### MASTER OF BUSINESS ADMINISTRATION (MBA) (ADDITIONAL INFORMATION/REQUIREMENTS)

Ν

Are you employed

7 /	, o a o p . o , o -		•
Nam	e of employer	Designation	
No	of years of work	No of years of managerial	
	rience	experience	
	will be funding	experience	
	studies		
7			
NO	REQUIREMENT		ATTACHED/
			COMPLETED (Y/N)
Ι.	Submit a short CV	(2 pages).	
2.	Submit a reference	e report from two (2) referees	
3.		ay based on the questions below (use the space provided to type in your essay)	)
4.		ed to attend an online/telephonic interview.	
		·	
		MBA SHORT ESSAY	
Prep	are a short essay	outlining the following:	
1. \	Why do you want to	pursue a Master of Business Administration (MBA). Your essay should be a ma	eximum of 300 words.
	, ,		
2 \	<b>/</b>	I delle complete the state of t	200 1-)
2. `	our experiences and	d challenges when interacting with in diverse groups in the workplace (Maximur	n 300 words)

FOR ACADEMIC DEPARTMENT USE ONLY:	
Notes:	
Two test.	
	· · · · · · · · · · · · · · · · · · ·
	<del></del>
ACCEPTED INTO PROGRAMME YES NO NO	
If No - Reason for non-acceptance	
I confirm that the applicant meets the admission requirements to register for this programme.	
Signature H.O.D: . Date:	