



MAIN CAMPUS (VANDERBIJLPARK)
ANDRIES POTGIETER BOULEVARD
PRIVATE BAG X021
VANDERBIJLPARK
1900

CONTACT NUMBERS
CALL CENTRE: 0861 861 888

APPLICATION FOR ACADEMIC ADMISSION TO STUDIES (NEW NATIONAL STUDENTS)

Please note: To avoid disappointment, prospective students are urged to apply as early as possible before the closing date.

- Make sure that VUT offers the course you are interested in (see overleaf) and that you adhere to the admission requirements.
- Initial selection will be based on final Grade 11 or any Grade 12 results (final, mid-year and/or 3rd quarter).

HOW TO APPLY:

1. Complete the application form in full and answer all questions.
2. Write in plain block letters in the squares and use a black pen.
3. Mark only the appropriate answer with an X in the squares where options are given.

THE FOLLOWING MUST BE SUBMITTED WITH YOUR FORM:

1. Certified copy of South African green bar-coded identity document.
2. Certified copy of final Grade 11 or any Grade 12 results.
3. Application Fee of **R100-00**.
Application forms without proof of payment will not be accepted. **NB:** In case of applications submitted by mail, payments will only be accepted by bank deposit (**ABSA Bank - account no.: 530 861 945; branch code: 632005; reference: your identity number**), postal order or bank guaranteed cheques made out to the Vaal University of Technology. **No cash should accompany your application form.**

- Send completed form with the abovementioned to the campus of your choice.

APPLICATION STATUS – SELF-CHECK:

Go to VUT website : www.vut.ac.za and click on "admissions new students" and follow the links.

CLOSING DATE FOR APPLICATIONS: 30 SEPTEMBER

FOR CONTACT DETAILS OF OTHER VUT CAMPUSES, SEE OVERLEAF

COURSES OFFERED AT VUT CAMPUSES

VANDERBIJLPARK (MAIN) CAMPUS

FACULTY OF APPLIED AND COMPUTER SCIENCES

Analytical Chemistry (215054)
 Biomedical Technology (209049)
 Biotechnology (215052)
 Non-Destructive Testing (215048)
 Information Technology (IT) (206010)

FACULTY OF HUMAN SCIENCES

Fashion (210015)
 Photography (203010)
 Graphic Design (203030)
 Fine Art (203009)
 Hospitality Management (204220)
 Public Relations Management (205004)
 Tourism Management (222017)
 Ecotourism Management (204800)
 Legal Assistance (212801)
 Labour Law (212800)
 Safety Management (204179)
 Policing (221031)

FACULTY OF MANAGEMENT SCIENCES

Cost and Management Accounting (204212)
 Internal Auditing (204210)
 Financial Information Systems (204061)
 Human Resources Management (204147)
 Marketing (204075)
 Retail Business Management (204173)
 Sport Management (219007)
 Logistics (204190)

FACULTY OF ENGINEERING AND TECHNOLOGY

Chemical Engineering (208086)
 Civil Engineering (208087)
 Industrial Engineering (208085)
 Mechanical Engineering (208082)
 Metallurgical Engineering (208088)
 Engineering: Computer Systems (206017)
 Electrical Engineering
 – Electronic Engineering
 – Power Engineering
 – Process Instrumentation (208083)

OTHER VUT CAMPUSES

EKURHULENI	SECUNDA	UPINGTON
The Campus Principal Private Bag X025 Kempton Park, 1620 Tel: 011 929 7400 Physical address: Cnr. R59 and Brazil Street, Daveyton, 1501	The Campus Principal PO Box 3595 Secunda 2302 Tel: 017 631 1990 / 1971	The Campus Principal PO Box 2468 Upington 8800 Tel: 054 332 3304
COURSES Information Technology (IT) Tourism Management Marketing Internal Auditing Cost and Management Accounting	COURSES Safety Management Chemical Engineering Electrical Engineering – Power Engineering – Process Instrumentation – Information Engineering Cost and Management Accounting	COURSES Agricultural Management Internal Auditing Cost and Management Accounting Marketing Tourism Management Human Resources Management

TEAR OFF AND KEEP THIS PAGE

APPLICATION CAMPUS	
VANDERBIJLPARK	
SECUNDA	
EKURHULENI	
UPINGTON	

FOR OFFICE USE ONLY	
ENQUIRY NO.	
RECEIPT NO.	
DATE	
AMOUNT	

PART A PERSONAL PARTICULARS

Have you ever applied at VUT before?	Yes		No	
If yes, please give details				

STUDENT No.		ACADEMIC YEAR				
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Course for which you wish to enrol					
First choice			Second choice (if applicable)		
Full-time study (day classes)		Part-time study (evening classes)		Part-time study (evening classes)	

01 Title		02 Initials	
Mr			
Ms		03 Surname	
Dr			
Prof			
Other (give abbreviation)		04 Date of birth	
		D	M
		YEAR	

05 I.D. No.	
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06 First Names	
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07 Maiden name (if married)	
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08 Marital status	
Single	S
Divorced	D
Married	M
Widow/er	W

09 Gender	
Male	M
Female	F

10 Source of Funding	
Self	
NSFAS	
Private Body	

11 Home Language									
English	E	Afrikaans	A	English / Afr.	B	Northern Sotho	D	Southern Sotho	F
Swazi	G	Tsonga	H	Tswana	I	Venda	J	Xhosa	K
Zulu	L	Other / European	C	Other / Black	M				

12 Church Denomination	
Name of your Religion:	

13 Current Activity	
Student	3
Labour force	4
Other	5

DATE RECEIVED – ADMISSIONS
[STAMP]

FACULTY
[STAMP]

BACK FROM FACULTY
[STAMP]

PART B NATED DETAILS

14 Population group					
White	1	Asian	3		
Coloured	2	Black	4		

15 Citizenship					
South Africa	100				
Name of other Country:					

PART C SCHOOL PARTICULARS: OTHER ACTIVITIES

16 How were you occupied for the greater part of the last semester/year?							
Secondary pupil (Grade 12)	08	University of Technology student	03	Labour force (employed)	07		
University student	01	FET / TVET College	05	Other	09		

17 Have you ever been registered with a Higher Educational Institution?				Yes*	No	*If Yes, include the Academic Record / Transcript from the Institution attended
Year(s)						
Qualification / Course(s)						

18 If registered as a student, or attempted tertiary education, give name of Institution		Transcript from the Institution attended is required

19 Will you apply for subject exemptions?		*If Yes, please submit your application for exemptions upon receipt of acceptance letter.
Yes*	No	

20 Date of Matriculation / Senior Certificate (Final Gr 12)	
YEAR	M

21 Examination number	

22 Type of Senior Certificate					
Mature Age Exemption	04	Admission to Bachelors	B		
Foreigners Exemption	05	Admission to Certificate	C		
Immigrants Exemption	06	Admission to Diploma	D		
Other Senior Certificates	07				
FET / TVET College	08				

23 Matric aggregate	

24 Name of school and town/city where school is situated	
Name of school	
Town/city	
Examining Authority e.g. Mpumalanga	

Please attach CERTIFIED COPIES of the following:

- Grade 12 or equivalent certificate.
- Latest Grade 12 report (e.g. June examination).
- Certificate of conduct (if previously enrolled at another tertiary institution).
- Statement of results (if previously enrolled at another tertiary institution).
- Any other formal qualifications you have attained.
- Identity document.
- Proof of address (not compulsory).

N.B.: A Grade 12 report (e.g. June examination) or the Grade 12 advice of results only grants **CONDITIONAL** admission. Final admission will be granted only on receipt of a certified copy of your Senior Certificate at Student Administration (CW Building), and if all the admission requirements of the University are met and there is space available.

25 Particulars of all post-secondary study			
Institution	Diploma/Degree	Subjects passed	Year

PART D GENERAL INFORMATION

26 Do you have a disability? If yes, please tick the correct circle. Yes: No:

28a Do you suffer from poor health? Yes: No:
If yes, please specify: _____

27 Tick the relevant circle if you suffer from a disability:

28b Are you on chronic medication? Yes: No:
If yes, please specify: _____

Physical Disability

- Mobility
- Visual or partial impairment
- Hearing impairment
- Spina Bifida
- Head injury
- Cerebral Palsy
- Quadraplegic

Learning Disability

- ADHD
- Dyslexia
- Other: (please specify) _____
- Epilepsy

28c Regarding your illness/disability what kind of assistance will you require to make your academic experience workable?

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Funding is available for all disabled applicants whose application for admission is successful.

29 Offering type

Vanderbijlpark campus 0001	Ekurhuleni campus (No residence accommodation) 0014	Upington campus (No residence accommodation) 0015
Full-time study (day classes) VF	Full-time study (day classes) EF	Full-time study (day classes) UF
Part-time study (evening classes) VP	Part-time study (evening classes) EP	Part-time study (evening classes) UP

Secunda campus (No residence accommodation) 0002		
Full-time study (day classes) HF		
Part-time study (evening classes) HP		

30 Postal address **N.B. All the sections provided for addresses (30 - 33) must be completed.**

	Postal Code
Tel. No.	
E-mail	

31 Accounts to

Title	Mr	Ms	Dr	Prof	Rev	The Hon.	Other (give abbreviation)	
Name								
Address								
	Postal Code							
Tel. No.								
E-mail								

32 Name and address of parent / guardian / relative not staying with you

Title	Mr	Ms	Dr	Prof	Rev	The Hon.	Other (give abbreviation)	
Name								
Address								
	Postal Code							
Tel. No.								
E-mail								

33 Residential Address

Street Name and Number								
Suburb								
Town								
Province								
	Postal Code							
Tel. No.								
E-mail								

PART E SPORT & HOBBIES

34 Indicate your interest with an X. If you were awarded colours, please replace the X with the appropriate code:
School colours – S; Provincial colours – P; National colours – N;

Rugby	S01		Netball	S05		Tennis	S08		Swimming	S11		Badminton	S14		Gymnastics		S17
Athletics	S02		Golf	S06		Soccer	S09		Squash	S12		Parachuting	S15		Cycling		S18
Cricket	S03		Karate	S07		Judo	S10		Cross country	S13		Volley ball	S16		Table Tennis		S19
Hockey	S04																

PART F DECLARATION

1. I undertake
 - 1.1 to comply with the rules and regulations of the Vaal University of Technology, should my application be successful;
 - 1.2 to inform the University immediately, in writing, if I change any biographical information (i.e. postal address, contact information, etc.); and
 - 1.3 to acquaint myself, each year/semester, with all the rules and general regulations including class, residence and other relevant fee increases, that relate to the programme for which I am applying.
2. I/We hereby absolve the Vaal University of Technology, its staff, employees, representatives and/or agents from any claims which I/the student may acquire as a result of any injuries which I/the student may receive and/or damages which I/the student may suffer as a result of any happening, incident, accident, injury, illness or death, however it may have resulted, or as a result of my/his/her participation in any sport/tour/outing/excursion/visit or transport which may take place during my/his/her studies at the University.
3. I undertake not to participate on behalf of a country club without the permission of the Dean of Sports.
4. I/We accept that I/the student shall participate in the activities mentioned in paragraph 2 on my/his/her own responsibility and shall voluntarily accept the risk incidental thereto.
5. I/We hereby accept liability for the payment of all study, class or other fees which may from time to time be charged by the University as a result of my/his/her studies at the University, if the application is successful.
6. I am aware that my enrolment is valid only if it complies with the regulations of the programme concerned and other regulations of the University, irrespective of the acceptance of this application by the University.
7. I agree
 - 7.1 that I shall be held liable for payment of all monies owed by myself, my child or my ward as a result of my connections with the University;
 - 7.2 that in the event that the University instructs Attorneys to take any steps against myself for the recovery of any amounts due to the University by myself, that I shall pay all costs as between Attorney and client, inclusive of collection commission;
 - 7.3 that I conclude this agreement with the knowledge and consent of my parent/guardian/employer;
 - 7.4 that all particulars given by me on this form are true and correct;
 - 7.5 that I have taken cognisance of the fees payable and the fact that class, residence and other fees are revised annually by the University and increased accordingly.
8. I am aware that the Fees charged by the University may be increased from time to time. Refer to a separate Fees leaflet.
9. By signing this form I (tick the relevant box/es):
 - 9.1 Give permission to the University to perform all necessary background checks on my details, including qualification verification;
 - 9.2 Allow the University to share my information with relevant authorities when requested by law; and further to share any personal information with relevant parties only with my express permission (in writing);
 - 9.3 Give permission to the University to share my results and statement of account with my sponsors, parents and/or guardians.

Signature of student

Date	D	M	YEAR

If Minor –
Signature of parent/guardian

Date	D	M	YEAR

35 FOR USE BY UNIVERSITY (ACADEMIC FACULTY) ONLY

Approved		If conditional, give reason:	Conditional – Symbol	S	Art 44 – Age		
Rejected			Conditional – Senior Certificate	M	Psychometric Test		
					Speex Test		
					SAQA Evaluation		

Signature of Dean/Head of Department

Date	D	M	YEAR

Remarks:
