

## VAAL UNIVERSITY OF TECHNOLOGY ADVANCED DIPLOMA APPLICATION FORM



FACULTY	Enginee	eering & Technology Mar		ement Sciences	Humani	ties	Applied & Computer Science	
FIELD OF STUDY						CIIII	-TIME	PART-TIME
FIELD OF STUDI						FULL	I IIVIE	FART-TIME
STUDENT NUMBER								
SURNAME		INITIALS						
FIRST NAMES								
ID NUMBER								
GENDER								
NEXT TO KIN NAME		CONTACT						
		CONTACT						
HOME ADDRESS								
POSTAL ADDRESS								
RESIDENTIAL								
ADDRESS WHILE								
STUDYING		TE	TIA D\(	EDIJOATION				
TERTIARY EDUCATION								
NAME OF INSTITUTION DIPLOMA/DEGREE OBT	VINED							
DIPLOWIA/DEGREE OB I	AINED							
COMPULSORY: Attach certified copies of:								
Diploma / Degre	Academic Transcript							
Identity Docume	National Senior Certificate							
Proof of Addres			_					
I declare that all the information provided (including attachments) is complete and correct. I understand that any false information supplied would disqualify my application.								
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SIGNATURE OF STUDEN	т		DA	TE				
SIGNATURE OF STUDEN	•		DA					
FOR OFFICE U	ISE O	NLY						
AVERAGE OF PREVI	LOMA/ DEGREE			<i>-</i>	APPROV	/ED	DECLINED	
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REMARKS:								
NAME OF HOD:				SIGNATURE				
IVAIVIE OF HUD.				DATE				
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