



VAAL UNIVERSITY OF TECHNOLOGY POSTGRADUATE DIPLOMA APPLICATION FORM



FACULTY	Engineering & Technology	Management Sciences	Humanities	Applied & Computer Science	
FIELD OF STUDY				FULL-TIME	PART-TIME
STUDENT NUMBER					
SURNAME			INITIALS		
FIRST NAMES					
ID NUMBER					
GENDER					
CONTACT INFORMATION					
EMAIL ADDRESS					
NEXT OF KIN NAME			CONTACT		
HOME ADDRESS					
POSTAL ADDRESS					
RESIDENTIAL ADDRESS WHILE STUDYING					
TERTIARY EDUCATION					
NAME OF INSTITUTION					
HIGHEST QUALIFICATION					

COMPULSORY: Attach certified copies of:

ND / Adv. Dip / Degree
Identity Document
Proof of Address

Academic Transcript
National Senior Certificate

I declare that all the information provided (including attachments) is complete and correct. I understand that any false information supplied would disqualify my application

SIGNATURE OF STUDENT

DATE

FOR OFFICE USE ONLY			
AVERAGE OF PREVIOUS AD/DEGREE	<input style="width: 100%;" type="text"/>	APPROVED	DECLINED
REMARKS:			
<input style="width: 100%; height: 20px;" type="text"/>			
<input style="width: 100%; height: 20px;" type="text"/>			
NAME OF HOD:	<input style="width: 100%;" type="text"/>	SIGNATURE	<input style="width: 100%;" type="text"/>
		DATE	<input style="width: 100%;" type="text"/>