

**MIDLANDS**

Address: Admin Block, Room D 203  
 Indumiso Campus Riverside Campus  
 Tel: (033) 845 8951 (033) 845 8815

### APPLICATION FOR DUT STUDENTS TRANSFERRING FROM ONE FACULTY/DEPARTMENT TO ANOTHER

Student Number						Year of Registration				
Title					Surname					
Initials		First Names								
Date of Birth		Day	Month	Year						
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 ND: Dental Technology)										
<b>CURRENT / PREVIOUS TERTIARY STUDIES</b>										
From (Year)	To (Year)	Faculty	Department	Qualification Name e.g. Dental Technology			Qualification Complete		Awaiting Results	
							Yes	No	Yes	No
							Yes	No	Yes	No

Routing: Student → Head of Department → Faculty Office

**Please attach the following:**

A motivation for your change of career path and:

A certified copy of your:

- ID Document/ Passport
- Senior Certificate/ Matriculation Certificate
- Any DUT academic transcripts / results that you may have
- Students that are transferring from other Institutions (except DUT) must provide an original copy of their academic record and a certificate of conduct.
- 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 I understand that the department apply selection procedures and that offers of places may be withdrawn if the conditions are not met or if the University discovers that I have provided false information in my application for admission.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: .....

Signature of HOD: .....

Date:.....