



# 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 NUMBER					
NEXT TO KIN NAME			CONTACT		
HOME ADDRESS					
POSTAL ADDRESS					
RESIDENTIAL ADDRESS WHILE STUDYING					
TERTIARY EDUCATION					
NAME OF INSTITUTION					
DIPLOMA/DEGREE OBTAINED					

**COMPULSORY: Attach certified copies of:**


*Adv. Dip / ND / 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**

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