



**VAAL UNIVERSITY
OF TECHNOLOGY**

Inspiring thought. Shaping talent.

Research Directorate

Vanderbijlpark Campus

Andries Potgieter Blvd

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Private Bag X021

📍 Vanderbijlpark, 1911, South Africa
www.vut.ac.za

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NEW APPLICATION

DOCTORAL DEGREE ADMISSION 2024

APPLICATION CLOSING DATE 31 JANUARY 2024

1. STUDENT AND QUALIFICATION INFORMATION

Have you been registered as a student at the Vaal University of Technology before?

Yes

No

If yes, please indicate your student number.

Would you like to register as a full-time student?

Or part-time student?

TITLE	:	PROF	<input type="checkbox"/>	DR	<input type="checkbox"/>	REV	<input type="checkbox"/>	MR	<input type="checkbox"/>	MRS	<input type="checkbox"/>	MS	<input type="checkbox"/>
SURNAME	:	<input type="text"/>											
FIRST NAME	:	<input type="text"/>											
MIDDLE NAME(S)	:	<input type="text"/>											
DATE OF BIRTH	:	<input type="text"/>											
SA ID NUMBER	:	<input type="text"/>											
PASSPORT NUMBER	:	<input type="text"/>											
HOME LANGUAGE (specify)	:	<input type="text"/>											

**Disclosure of information is subject to the Promotion of Access to Information Act and other related laws*

RACE*	:	African	<input type="checkbox"/>	Coloured	<input type="checkbox"/>	Indian	<input type="checkbox"/>	White	<input type="checkbox"/>	Other	<input type="checkbox"/>
GENDER*	:	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>	Other	<input type="checkbox"/>				

PROPOSED DOCTORAL DEGREE	:	<input type="text"/>
FACULTY	:	<input type="text"/>
DISCIPLINE	:	<input type="text"/>

CELL : _____

E-MAIL : _____

Please ensure we have your correct cell number and email address to enable VUT to invite you to relevant post-graduate activities.

IF YOU ARE EMPLOYED, PLEASE COMPLETE THE FOLLOWING:

Company or Institution Name : _____

Company or Institution Address : _____

Postal Code : _____ Number of Years Employed : _____

Work Telephone Number : _____ Area Dialling Code : _____

3. NEXT OF KIN INFORMATION

Name and Surname of Next-of-Kin _____

PHYSICAL ADDRESS:

POSTAL ADDRESS:

Postal Code _____

Postal Code _____

CONTACT DETAILS:

WORK : _____

HOME : _____

CELL : _____

E-MAIL : _____

4. RESIDENCY

Are you a permanent resident of South Africa?

Yes

No

If not, what is your country of permanent residence? _____

Passport Number: _____

Expiry Date: Day _____ Month _____ Year _____

5. ENGLISH PROFICIENCY (APPLICABLE TO INTERNATIONAL STUDENTS ONLY)

Students applying for admission into a degree programme at the University must demonstrate that they have obtained one of the following levels of English proficiency.

1. A pass in an examination equivalent to English at the Higher Grade (First or Second Language) at the South African Senior Certificate level (matriculation).
2. A pass in the English language at A-level, O-level (C-symbol or higher), or the International Baccalaureate or equivalent examination.

3. For international applicants who do not satisfy (1) or (2) above and for whom English is a foreign language:

- An overall band score of 7.0 on the International English Language Testing System (IELTS) for
- Post-Graduate studies and 6.0 for Undergraduate studies, or
- A test score 550 on the Test of English as a Foreign Language (TOEFL).

Scores must be submitted with application forms.

Name of your English Proficient Document: _____

6. HIGH SCHOOL DETAILS

Type of Matriculation Exemption already held: (please tick one)

- | | | | |
|-------------------------|--------------------------|---|--------------------------|
| 02 Full Exemption | <input type="checkbox"/> | 06 Other Senior Certificate | <input type="checkbox"/> |
| 02 Ordinary | <input type="checkbox"/> | 07 NTC3 / N3 / NSC | <input type="checkbox"/> |
| 03 Mature Age Exemption | <input type="checkbox"/> | 08 Standard 10 Practical | <input type="checkbox"/> |
| 04 Foreign Exemption | <input type="checkbox"/> | 09 Other | <input type="checkbox"/> |
| 05 Immigrants Exemption | <input type="checkbox"/> | 10 Discretionary Provision (Senate Exemption) | <input type="checkbox"/> |

Note: ITS has set up the code structure regarding Government reporting requirements.

SCHOOL NAME(S)	:	_____	_____
YEAR	:	From: _____ To: _____	From: _____ To: _____
EXAMINATION AUTHORITY (e.g., Gauteng, etc.)	:	_____	_____

GRADE PASSED : _____

7. POST SCHOOL ENROLMENT

NAME OF INSTITUTION 1 : _____
DEGREE / DIPLOMA / CERTIFICATE : _____
(Attach relevant documentation)
COMPLETED : Yes No
YEAR ATTENDED : From: _____ To: _____

NAME OF INSTITUTION 2 : _____
DEGREE / DIPLOMA / CERTIFICATE : _____
(Attach relevant documentation)
COMPLETED : Yes No
YEAR ATTENDED : From: _____ To: _____

NAME OF INSTITUTION 3 : _____
DEGREE / DIPLOMA / CERTIFICATE : _____
(Attach relevant documentation)
COMPLETED : Yes No
YEAR ATTENDED : From: _____ To: _____

CURRENT ACTIVITY : _____

8. MEDICAL INFORMATION (DISABILITY INFORMATION)

The University is sensitive to the needs of students with a disability and will attempt to provide support where possible. Do you have any disability, physical or otherwise, that might require special support?

Yes: No: If 'yes', please indicate. _____

PERSONS WITH A VISUAL IMPAIRMENT	PERSONS WITH A HEARING IMPAIRMENT	PERSONS WITH PHYSICAL IMPAIRMENT	OTHER IMPAIRMENT
<input type="checkbox"/> Blind	<input type="checkbox"/> Deaf	<input type="checkbox"/> Uses a wheelchair	<input type="checkbox"/> Persons with diabetes

<input type="checkbox"/>	Partially sighted	<input type="checkbox"/>	Partially deaf	<input type="checkbox"/>	Uses crutches / callipers	<input type="checkbox"/>	Persons with epilepsy
		<input type="checkbox"/>	Mildly to moderately deaf	<input type="checkbox"/>	Persons with paraplegia / quadriplegia / hemiplegia / post-polio paralysis	<input type="checkbox"/>	Persons with cerebral palsy
				<input type="checkbox"/>	Other (Specify)	<input type="checkbox"/>	Persons with intellectual / psychiatric / psychological impairment
						<input type="checkbox"/>	Persons with medical / chronic ailments that require support.
						<input type="checkbox"/>	Other (Specify)

9. COMPULSORY HEALTH INSURANCE (INTERNATIONAL STUDENTS ONLY)

I _____ confirm that I will / have applied for adequate health insurance cover while in South Africa.

Name of Insurance Company: _____

Telephone Number: _____

10. FUNDING STUDIES

How do you plan to finance your studies? _____

Note: A registered student is responsible for payment of all fees, even if funded by a sponsor. However, you will be eligible for a Vaal University of Technology Grant if the Higher Degrees Committee approves your proposal within 12 months of the initial registration.

11. CHECKLIST

PLEASE ENSURE THAT THE FOLLOWING RELEVANT DOCUMENTS ARE ENCLOSED WITH THIS APPLICATION

Please ensure the **certified documents** are enclosed with this application; **otherwise, we will not register you.**

	Yes	No
Have you completed the application form?	<input type="checkbox"/>	<input type="checkbox"/>
Have you indicated your choice of degree and campus?	<input type="checkbox"/>	<input type="checkbox"/>
Have you enclosed all the required documentation?		
- Certified copy of the ID document?	<input type="checkbox"/>	<input type="checkbox"/>
- Certified copy of the senior certificate?	<input type="checkbox"/>	<input type="checkbox"/>
- Certified copy of previous qualifications?	<input type="checkbox"/>	<input type="checkbox"/>
- Certified copy of degree certificates? Postgraduate Diploma / Honors & Master's qualification?	<input type="checkbox"/>	<input type="checkbox"/>
- Proof of residence, e.g., "Water and electricity account", "Any other account reflecting your address"?	<input type="checkbox"/>	<input type="checkbox"/>
Also, to be completed by International Students (not applicable to RSA citizens)		
- Certified copy of Passport?	<input type="checkbox"/>	<input type="checkbox"/>
- Certified copy of degree certificate and SAQA evaluation of your degree results?	<input type="checkbox"/>	<input type="checkbox"/>

Centre for the Evaluation of Education Qualifications

POSTNET Suite 248

<http://www.saqa.org.za/>

Private Bag X06

Tel: 086 010 3188 / 012 431-5000

Waterkloof, 0145

The registration fee of R2 500.00 is payable as soon as we notify you that your application was successful.

Registration Fee deposits can be made to any ABSA Branch:

Account Number : 0530 861 945

Branch Code : 632005

The name and student number must be indicated as the "reference" on the slip. A copy of the deposit slip should be forwarded to the fax number (016) 950 9779 or email nomathembak@vut.ac.za.

12. DECLARATION OF UNDERSTANDING

1. I, _____, the student undertakes
 1.1 _____ To comply with the procedures, rules, and regulations of the Vaal University of Technology.

- 1.2 To inform the Higher Degrees Unit in writing immediately if I change my address or intend to cancel my provisional acceptance.
 - 1.3 To acquaint myself with all the rules and general regulations related to the degree I am applying for.
 - 1.4 To make alternate arrangements for accommodation should the University accept me for the degree and cannot offer me accommodation.
2. I now accept liability for paying all tuition fees or other fees which the University may charge because of my studies at the University.
 - 2.1 I also recognise that class, residence, and other fees are revised annually by the University and increased accordingly.
 - 2.2 I agree that if the University instructs Attorneys to take any steps against me to recover any amounts due to the University by myself, I shall pay all costs between Attorney and client, including collection commission.
 3. I am aware that my enrolment is valid only if it complies with the degree's regulations, notwithstanding the University's acceptance of this application.
 4. I/We accept the responsibility of submitting all documents required by the University before the stipulated due dates.
 5. I declare that:
 - 5.1 I make this application and give the declarations and understandings with the knowledge and consent of my parent/guardian/employer (if necessary).
 - 5.2 I warrant that the information contained herein is true and correct. The University shall be entitled to declare the contract void and cancel my registration if I have made any misrepresentation or omission on this application.
 - 5.3 International Students:
 - 5.3.1 *I know I am responsible for renewing my study visa three months before the expiry date.*
 - 5.3.2 *Refugees: I know I am responsible for renewing my study visa one month before its expiry date.*
 - 5.3.3 *I know I am responsible for obtaining and paying for my SAQA evaluation.*
 - 5.4 I / We now absolve the Vaal University of Technology, its staff, employees, representatives and/or agents from any claims that I / the student may acquire as a result of any injuries which I 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 participation in any sport / excursion / visit or transport which may take place during my / his / her studies at the University.

Signature of Student _____

Date _____

PLEASE FORWARD YOUR APPLICATION WITH CERTIFIED ATTACHMENTS TO THE FOLLOWING:

THE HIGHER DEGREE OFFICE D016 OR DO13-1

Fax : (016) 950 9779 Private Bag X021
 Tel : (016) 950 9822 or 7639 Vanderbijlpark
 e-mail : post.graduate@vut.ac.za 1900

13. ADMISSION REQUIREMENTS

ENGINEERING AND TECHNOLOGY	APPLIED AND COMPUTER SCIENCES	MANAGEMENT SCIENCES	HUMAN SCIENCES
<p>Relevant Master's qualification or equivalent registered by SAQA.</p>	<p>Relevant Master's qualification or equivalent registered by SAQA. A Research Methodology course must be completed. Proof of previous research experience must be provided</p>	<p>A relevant Master's degree at the NQF Level 8 (old SAQA standard) or NQF Level 9 (new SAQA standard) within a related discipline, with an average score of 60%. Submission of a research concept document as specified by faculty is also a requirement. Successful achievement of the faculty selection criteria, as deemed necessary.</p>	<p>An appropriate Master's or an equivalent qualification as approved by SAQA. Proof of a completed research methodology course must be provided.</p> <p>As this qualification is based on an advanced research project, proof of previous research experience and the submission of an acceptable research proposal are required.</p> <p>A CV must be submitted to the Head of the relevant department. The CV must include the following: academic history, research experience, presentations delivered and aspirations.</p>

ANNEXURE A: TO BE COMPLETED BY THE HEAD OF DEPARTMENT AND PROMOTERS

FACULTY ACCEPTANCE OF ADMISSION

We only accept applications if this form has been completed fully. This information is required for registration and reporting.

Student Name : _____
Student Number : _____
Faculty : _____
Department : _____
Department Head : _____
Course Code : _____
Subject Code(s) :

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For new subject codes / course codes, please see Annexure C on Page 14

Name of Promoter : _____ Department : _____
Tel No. of Promoter : _____ e-mail Address : _____
Signature of Promoter : _____ Date : _____

If applicable:

Name of Co-Promoter : _____ Department : _____
Tel No. of Co-Promoter : _____ e-mail Address : _____
Signature of Co-Promoter : _____ Date : _____

NB Compulsory:

Accepted : Reason for Acceptance
Date : _____

Signature : _____
HoD : _____

Acceptance Approved by Dean- Date : _____ Signature : _____

APPROVAL BY THE HEAD OF DEPARTMENT

ADMISSIONS UNDER SPECIAL CONDITIONS:

NOTE: Where a candidate holds an appropriate equivalent degree from another University Faculty, admission under special conditions will be a technicality, and a statement to this effect is all that is required here. A **detailed motivation** MUST accompany this form for all special condition cases that are not routine 'technical'. Please attach a full CV in the area of specialisation and supporting documentation.

I, _____, the Head of Department has confirmed:

1. Candidate completed – Research Methodology
2. The viability, nature and extent of the project
3. The suitability of the candidate
4. The availability and suitability of supervision
5. The nature and extent of the necessary resources, and I recommend that the candidate be accepted for the degree.
6. This degree follows the same discipline as the Master's completed. The **student is not allowed to jump to another discipline.**

I have considered the six points above and accepted the student for the degree.

Print Name

Signature

Date

ANNEXURE B: TO BE COMPLETED BY THE HEAD OF DEPARTMENT AND EXECUTIVE DEAN

FACULTY REJECTION OF SUBMISSION

We only accept applications if this form has been completed fully. This information is required for registration and reporting.

Student Name : _____
Student Number : _____
Faculty : _____
Department : _____
Department Head : _____
Course Code : _____
Subject Code(s) :

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NB Compulsory:

Rejected : Reason for Acceptance

Date : _____

Signature : _____
HoD : _____

Rejection Approved by Executive Dean: _____ Date : _____ Signature : _____

ONLY INTERNATIONAL STUDENTS

INTERNATIONALISATION DEPARTMENT ACCEPTANCE OF ADMISSION	
STEPS TO FOLLOW BY INTERNATIONAL APPLICANTS:	IMPORTANT NOTES:
1. Attach all certificates and documents to your application form. Photocopies must be certified as being a true copy of the original. Originals must be produced before actual registration.	1. A study visa is only valid for the field of study and educational institution for which the original approval was granted.
2. A fully completed application form must be submitted to the International Relations Department.	2. Students who change their field of study must obtain a new visa from the Department of Home Affairs.
3. Your application will then undergo a selection process at VUT. If your application is successful, you will receive a provisional letter of acceptance offering you a place to study at VUT on condition that you receive a study visa, meet VUT departmental entry requirements and pay all necessary fees.	3. Acceptance of a student's admission to VUT does not bind the Department of Home Affairs in any way to allow the person into the country, nor does it remove the need to obtain official permission from the Department. Therefore, it is important that a prospective student awaits the outcome to an application for a study visa before proceeding to the Republic of South Africa.
4. After receiving the provisional letter, you may proceed to obtain your study visa at the Embassy, Consulate or Trade Mission of your country of origin, or at the South African High Commission.	4. A study visa does not qualify an international student to become a South African citizen. Students wishing to become South African citizens after finishing their studies are required to return to their home countries from where they can apply through a South African representative.
5. There are no provisional registrations permitted for international students. Even if you have been accepted for study, VUT cannot be held responsible should you fail to comply with these requirements for actual registration.	5. You may not enter South Africa on a visitor's visa and then apply for a study visa.

Please only proceed to the Vaal University of Technology with the proper permit. You must produce proof of medical aid membership at registration, or you will not be allowed to register.

Signature of Student _____ Date _____

We at the Internationalisation Department confirm that all the documentation has been received and all the requirements have been met.

Name of Admissions Officer	_____	Department	_____	Tel. Number	_____
e-mail	_____	Signature	_____	Date	_____
Head of Department	_____	Signature	_____	Date	_____

ANNEXURE C: NEW SUBJECTS AND COURSE CODES

FACULTY DESCRIPTION	QUAL CODE	QUAL DESCRIPTION	SUBJECT CODE
Faculty of Engineering and Technology	708001	Doctor of Philosophy in Chemical Engineering	EHDPH7A
Faculty of Engineering and Technology	DP0810	Doctor of Engineering in Civil Engineering	ECCIV7A
Faculty of Engineering and Technology	DP0820	Doctor of Engineering in Electrical Engineering	EPRHP7A
Faculty of Engineering and Technology	DP0840	Doctor of Engineering in Mechanical Engineering	EMRHP7A
Faculty of Engineering and Technology	DP0850	Doctor of Engineering in Metallurgical Engineering	EYRHP7A
Faculty of Management Sciences	DD0495	Doctor of Philosophy in Business Administration	BHBUS7A
Faculty of Management Sciences	DP0480	Doctor of Commerce in Marketing	BMMAR7A
Faculty of Applied & Computer Sciences	DD0600	Doctorate in Information & Communication Technology	AIPIC7A
Faculty of Applied & Computer Sciences	DD1500	Doctor of Philosophy in Chemistry	AACHM7A
Faculty of Applied & Computer Sciences	DD1510	Doctor of Philosophy in Biotechnology	ABDPH7A
Faculty of Human Sciences	DD0320	Doctor of Visual Arts in Photography	HVVAP7A
Faculty of Human Sciences	DD0330	Doctor of Philosophy in Visual Arts	HVPVA7A
Faculty of Human Sciences	DD1010	Doctor of Management in Food Service Management	HTFSM7A

FOR OFFICE USE ONLY: HIGHER DEGREE UNIT

Student Number:	_____	Name:	_____
Application Fee Paid:	R _____		_____
Receipt Number:	_____	Date:	_____
Entered on ITS By:	_____	Date:	_____
Selection Decision:	_____	Date:	_____



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