

APPLICATION FOR ADMISSION- EXTERNAL TRANSFER

MUT student number if available							

1. TITLE

Rev	Prof	Ms	Mrs	Mr	Miss	Dr
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2. FULL NAMES

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3. ID/ PASSPORT NUMBER

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4. NATIONALITY (if not South African)

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5. POSTAL ADDRESS

City / Town		Code
Cell:		Tel (W)

6. RESIDENTIAL ADDRESS

City / Town		Code
Tel		

7. DIPLOMA / DEGREE FOR WHICH APPLICATION IS BEING MADE

Entry year		Term		Semester 1		Semester 2	
PROGRAMME NAME							

8. INSTITUTION TRANSFERRING FROM

Full Name

9. DEGREE / DIPLOMA OBTAINED POST SCHOOL

Name of institution	Degree / Diploma obtained	Year started	Year completed



10. Have you ever been excluded or refused entry to institution of higher learning? YES / NO
If 'yes' please provide details

11. Have you ever been excluded or refused entry to residence of institution of higher learning? YES / NO
If 'yes' please provide details

12. MEDICAL INFORMATION (MUT is sensitive to the needs of students with disability).
Please indicate if you have any disability, physical or otherwise that may require support

13. UNDERTAKING

I (Full name) _____

I.D. Number _____

- Am aware of the admission requirements for the proposed programme
- To acquaint myself with all the rules and general regulations that relate to the course of the study for which I am applying.
- I hereby grant Mangosuthu University of Technology permission to disclose my personal information to its contracted service provider(s), for the purpose of verifying or confirming my study and qualification details for the benefit of third parties requiring such details for employment and such related reasons.
- That all particulars provided by me to Mangosuthu University of Technology are true and correct.
- I accept that Mangosuthu University of Technology reserves the right to accept my application

Signature of Student

Date

14. FOR OFFICE USE

Documents attached (LOCAL APPLICANTS)	✓	Documents attached (INTERNATIONAL APPLICANTS)	✓
Academic record		Academic record	
ID		Passport	
Matric		Matric equivalent	
Diploma / degree certificate		Diploma / degree certificate	
Application fee paid R220.00		SAQA evaluation certificate	
		Medical aid	
		Application fee paid R220.00	

15. APPLICATION FEE PAYMENT

Bank	Account number	Branch code	Reference	Amount
Absa	40-6382-7633	634926	<SURNAME> of applicant	R220 (two hundred twenty rand)

16. APPLICATION STATUS

ACCEPTED UNSUCCESSFUL

STAMP & DATE

SIGNATURE: HOD

17. FACULTY RECOMMENDATION

APPROVED NOT APPROVED

STAMP & DATE

SIGNATURE: DEAN