



APPLICATION FOR (RE)ADMISSION

					MUT student number							
. CHOOSE APPRO	DRIATE (Y)											
External transfer	. MAIL (A)	Intern	al transfer									
		1										
. TITLE												
Rev Prof	Ms	Mrs	Mr	Miss	Dr							
. FULL NAMES												
l. ID/ PASSPORT N	UMBER											
,												
, ,												-
. NATIONALITY (if	not South	African)										
												
. POSTAL ADDRES	iS											
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C: / T								6				
City / Town Cell:			Tel (W)					Co	ode			
ceii.			rer (vv)									
. RESIDENTIAL AD	DRESS											4
. RESIDEITIAE AD	PICESS											
City / Town								Co	ode			
Tel												
B. NEXT OF KIN												
NAME & SURNAME												
CONTACT NUMBER												
RELATIONSHIP												
). DIPLOMA / DEG	REE EOD /A/I	TICH VDDI	ICATION IS	REING M	IADE							
Entry year	Ter		Semes		IADE	Se	meste	r 2				
PROGRAMME NAM			Scilies			1 30						
PROGRAMINE NAM	IE											
0. INSTITUTION TR	ANSFERRIN	G FROM										
Full Name												

12. Have you e f 'yes' please p	ver been excluded or refus rovide details	sed entry to r	esidence c	f institution of hig	ther learning? YES ,	/ NO			
	NFORMATION (MUT is sen if you have any disability,				• •				
l4. UNDERTA (Full name)	ING								
.D. Number									
That I conclu This constitu The informat University.	de this agreement with the kno tes consent as required under t tion provided by you to the Univ	he Protection of versity will be us	Personal Insect for the so	formation Act 4 of 20 ble purpose of manag	13 (POPIA).	;			
I give consen verification.	a Compliance, MUT will confider t to MUT to share my information the permanent residential add	on to third party	for the pur	ooses of funding, emp					
domiciiium c will be deem	itadani et execudanti. Any corre ed as properly delivered.	spondence, not	ice or item fo	orwarded to me unde	r registered post to tha				
That all parti	culars provided by me to Mango	osuthu Universi	ty of Techno	logy are true and cori	ect.				
Signature of S	tudent			Date					
J									
	E USE (MUT STUDENTS / A	LUMNI NOT	REQUIRED	TO PAY APPLICA	TION FEE)				
	Oocuments attached (LOCAL APPLICANTS)			Documents attached (INTERNATIONAL ✓ APPLICANTS)					
Academic recor		Academic record							
ID		Passport							
Matric	t:f:t-		Matric equivalent						
Diploma / degree certificate Application fee paid R220.00			Diploma / degree certificate						
			SAQA evaluation certificate Medical aid Application fee paid R220.00						
			Applicati	on ree paid K220.00					
	ON FEE PAYMENT (MUT ST Account number					EE)			
Bank Absa	40-6382-7633	Branch c 634926	oue	Reference <surname></surname>	Amount of R220 (two	hundrad			
Ausa	40-0362-7033	034920		applicant	twenty ran				
				аррисанс	twenty ran	uj			
7 ADDUCATE	ON CTATUC								
L7. APPLICATION									
ACCEPTED	UNSUCCESSFUL								
			STA	MP & DATE					
S	IGNATURE: HOD								
FACULTY RECO	MMENDATION								
FACULTY RECO APPROVED	NOT APPROVED								
APPROVED			STA	AMP & DATE					