



**APPLICATION TO CHANGE YOUR CHOICE OF QUALIFICATION
(HIGHER CERTIFICATE, NH CERTIFICATE, N DIPLOMA, DIPLOMA OR BACHELOR'S DEGREES)**

If you complete this form, all previous qualification choices will be cancelled, even if you have already been accepted in a qualification.

Please submit this form with the following:

- A certified copy of your ID or passport
 - A certified copy of your statement of symbols/National Senior Certificate
 - E-mail: admission@tut.ac.za
 - Please note: you will only be considered for your 2nd choice if you have not been selected for your 1st choice, and only if the qualification concerned can still accommodate additional students at that stage.

2nd semester

Application for (year):	<input type="text"/>	<input type="text"/>	<input type="text"/>
1 st semester	<input type="checkbox"/>		
2 nd semester	<input type="checkbox"/>		

Type of enrolment: Day class Evening class Block course

Do you require financial aid? Yes No

PERSONAL DETAILS:

Title:		Initials:		Surname:	
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SIGNATURE OF STUDENT

DATE

FOR OFFICE USE		
	SIGNATURE AND DEPARTMENTAL DATE STAMP	DATE
NOT ACCEPTED		
MUST GO TROUGH SELECTION PROCESS		
ACCEPTED		
WAITING LIST		
ADMISSIONS OFFICE DATA CAPTURER		
COMMENTS		



REGISTRATION FORM FOR
Work Integrated Learning (WIL)

INSTRUCTIONS:

This form must be completed in full and in **CAPITAL LETTERS**

A copy of the placement letter should be attached. This is a prerequisite for WIL registration.

STUDENT'S INFORMATION

Student Number		Initials	
Surname		Title	
First Names			
ID number		Gender	M <input type="checkbox"/> F <input type="checkbox"/>
TUT4Life e-mail address (No other please)		@TUT4life.ac.za	
Cellphone number(s)		or	
Residential address during WIL period			
City		Postal Code	

ACADEMIC INFORMATION (Please complete in full)

Course Name	NDIP	BTECH	
			Course code
Subject Name			
		Subject Code	

EMPLOYER PLACEMENT INFORMATION (Please complete in full)

Name of approved employer	
Company's contact person	
Company's telephone number	E-mail address

Physical address where training takes place _____

Postal address where training takes place _____

City _____ Postal code _____

PERIOD OF STUDY (WIL) (Please tick the applicable block)

PERIOD	TICK	LAST DATE FOR WIL REPORT TO BE SUBMITTED
January - June	<input type="checkbox"/>	31 July
February - July	<input type="checkbox"/>	31 August
March - August	<input type="checkbox"/>	30 September
April - September	<input type="checkbox"/>	31 October
May - October	<input type="checkbox"/>	30 November
June - November	<input type="checkbox"/>	15 January
July - December	<input type="checkbox"/>	31 January
August - January	<input type="checkbox"/>	28 February
September - February	<input type="checkbox"/>	31 March
October - March	<input type="checkbox"/>	30 April
November - April	<input type="checkbox"/>	31 May
December - May	<input type="checkbox"/>	30 June
Other: Indicate the specific period of study e.g. 1st and/or 2nd semester (Only applicable for faculties of the Arts, Humanities, Management Sciences and Economic)		

DECLARATION

I declare that all information I have provided on this form are correct and I undertake to abide by the rules, regulations (Prospectus, Part 1 - Ch 5 of student rules and regulations) and decisions of the Tshwane University of Technology, as well as any amendments applicable of students in general. Should I be registered incorrectly as a result of incorrect information that I provided, I accept full responsibility.

Signature: Student

Date

Yes No

WIL registration approved by HOD

Signature: Head of Department

Date

FOR OFFICIAL USE ONLY

This form was captured by:

Name (in block letters) _____

Signature

Date