

STUDENT NUMBER		21402721			TITLE		MR		
SURNAME		Khanyile			FULL NAMES		Kwenziwa Lizwi		
DATE OF BIRTH		DAY	MONTH	YEAR					
		29	07	1993					
IDENTITY/PASSPORT NUMBER			9307295872089			TYPE OF STUDENT eg. Foreign\Int\Local		local	
POSTAL ADDRESS		D646 Nhlankakazi Road							
		KwaMashu							
						POSTAL CODE	4360		
Telephone (Home)		Code		Number			Cellphone	0714904247	
Telephone (Work)		Code		Number			E-Mail	Kwenziwa@live.com	
Facsimile		Code		Number					
PROGRAMME APPLYING FOR			B Tech Information Technology			INDICATE WHETHER PART-TIME OR FULL-TIME STUDIES APPLYING FOR:		Part-time	
YEAR/S PREVIOUS TERTIARY STUDIES									
FROM	TO	INSTITUTION	QUALIFICATION NAME		STUDENT NUMBER	QUALIFICATION COMPLETE		AWAITING RESULTS	
2014	2016	Mangosuthu University Of Technolgy	Information Technology		21402721	YES	NO	YES	NO
						YES	NO	YES	NO
Have you ever been excluded from a tertiary institution or residence?								YES	NO
If yes, please provide the year of exclusion.									
Institution and Details of Exclusion									

Are you enrolled or do you intend enrolling at another institution while studying at DUT?		YES	NO <input checked="" type="checkbox"/>
If Yes : Institution and Qualification			

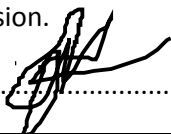
Please produce the following original documents at Registration:

- Diploma/Degree and any further qualifications you may have.
- Senior Certificate
- ID Document
- Passport\Valid study permit (international students)
- Academic record and a certificate of conduct
- Indemnity form
- International applicants with foreign qualifications are required to have their qualifications assessed to confirm that they are equivalent to a South African qualification. This evaluation is carried out by SAQA (South African Qualifications Authority). For more information kindly refer to the DUT Website under the Registration tab to see International students registration requirements

DECLARATION BY APPLICANT

I, Kwenziwa Lizwi Khanyile (name and surname) the undersigned applicant, declare that all the information supplied is true and that none of the information requested has been withheld. I understand that an incomplete application will not be processed. I understand that the department applies selection procedures and that offers of places may be withdrawn if the conditions are not met or if the University discovers that I have provided false information in my application for admission.

Signature of Applicant:



Date: 15/11/2016

FOR ACADEMIC DEPARTMENT USE ONLY

ACCEPTED INTO PROGRAMME

YES

NO

Qualification code: _____ Block code: _____ Offering type: _____ Study period: _____

If No - Reason for non acceptance:

Signature of HOD: Date and Departmental Stamp:

