



Vaal University of Technology

Your world to a better future

VAN DER BIJLPARK CAMPUS
ANDRIES POTGIETER BOULEVARD
PRIVATE BAG X012
VAN DER BIJLPARK
1900

CONTACT US
CALL CENTRE: 0861 861 888
admissions@vut.ac.za

APPLICATIONS FOR ACADEMIC ADMISSIONS TO STUDIES

(NEW NATIONAL STUDENTS)

Please note: To avoid disappointment, prospective students are urged to apply as early as possible before the closing date.

- Make sure that VUT offers the course you are interested in (see overleaf) and that you adhere to the admission requirements.
- Initial selection will be based on final Grade 11 or any Grade 12 results (final, mid-year and/or 3rd quarter).

HOW TO APPLY:

1. Complete the application form in full and answer all questions.
2. Write in plain block letters in the squares and use a black pen.
3. Mark only the appropriate answer with an X in the squares where options are given.

THE FOLLOWING MUST BE SUBMITTED WITH YOUR FORM:

1. Certified copy of South African identity document.
 2. Certified copy of final Grade 11 or any Grade 12 results.
 3. Application Fee of **R100** (non-refundable).
Application forms without proof of payment will not be accepted. **NB:** In case of applications submitted by mail, payments will only be accepted by bank deposit (**ABSA Bank - account no.: 530 861 945; branch code 632005; reference: your identity number**), postal order or bank guaranteed cheque made out to the Vaal University of Technology. **No Cash Should accompany your application form.**
- Send completed form with the above-mentioned to the campus of your choice.

APPLICATION STATUS - SELF-CHECK:

Go to the VUT website: www.vut.ac.za and click on "study at VUT" tab. Select the self-check box and follow the easy steps.

CLOSING DATE FOR APPLICATIONS: 30 SEPTEMBER

FOR CONTACT DETAILS OF OTHER VUT CAMPUSES, SEE OVERLEAF

COURSES OFFERED AT VUT CAMPUSES

VANDERBIJLPARK CAMPUS

FACULTY OF APPLIED AND COMPUTER SCIENCES		FACULTY OF MANAGEMENT SCIENCES	
Analytical Chemistry	(DI1500)	Cost and Management Accounting	(DI0430)
Biomedical Technology	(DI0900)	Internal Auditing	(DI0460)
Biotechnology	(DI1510)	Financial Information Systems	(DI0440)
Non-Destructive Testing	(DI1520)	Human Resources Management	(DI0450)
Information Technology (IT)	(DI0600)	Marketing	(DI0480)
Bachelor of Nursing	(809001)	Retail Business Management	(DI0490)
		Sport Management	(DI1900)
		Logistics	(DI0470)
FACULTY OF HUMAN SCIENCES		FACULTY OF ENGINEERING AND TECHNOLOGY	
Fashion	(DI1000)	Chemical Engineering	(DI0800)
Photography	(DI0320)	Civil Engineering	(DI0810)
Graphic Design	(D10310)	Industrial Engineering	(DI0830)
Fine Art	(D10300)	Mechanical Engineering	(DI0840)
Hospitality Management	(DI1010)	Metallurgical Engineering	(DI0850)
Public Relations Management (DI0500)		Engineering: Computer Systems	(DI0822)
Tourism Management	(DI2200)	Electrical Engineering	
Eco-tourism Management	(204800)	• Electronic Engineering	(DI0823)
Legal Assistance	(212801)	• Power Engineering	(DI0824)
Labour Law	(212800)	• Process Control	(DI0825)
Safety Management	(DI0420)		
Policing	(DI2100)		
B.Ed. (SP & FET Teaching)	(BD0700)		
Post Graduate Degree in Higher Education (PGDHE)	(PGDHE)		

OTHER VUT CAMPUSES

DAVEYTON	SECUNDA	UPINGTON
<p>The Campus Principal Private Bag X025 Tel: 011 929 7400 Physical address: Brazil Street Daveyton 1501</p>	<p>The Campus Principal Private Bag X025 Tel: 017 631 1990 / 1971 Physical address: Carl Bosch Street Secunda 2302</p>	<p>The Campus Principal PO Box 2468 Tel: 054 332 3304 Physical address: Nelson Mandela Drive (Le Roux Street) Upington 8800</p>
COURSES	COURSES	COURSES
<p>Information Technology (IT) Tourism Management Marketing Internal Auditing Cost and Management Accounting</p>	<p>Safety Management Chemical Engineering Electrical Engineering <ul style="list-style-type: none"> • Power Engineering • Process Instrumentation • Information Engineering Cost and Management Accounting</p>	<p>Agricultural Management Internal Auditing Cost and Management Accounting Marketing Tourism Management Human Resources Management</p>

TEAR OFF AND KEEP THIS PAGE

APPLICATION CAMPUS	
VANDERBIJLPARK	
EKURHULENI	
SECUNDA	
UPINGTON	

FOR OFFICE USE ONLY	
INQUIRY No.	
RECEIPT No.	
DATE	
ACCOUNT	
STUDENT No.	

PART A PERSONAL PARTICULARS

Have you ever applied at VUT before	Yes		No	
If yes, please give details				

ACADEMIC YEAR				
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Course for which you wish to enroll				
First choice		Second choice (if applicable)		
Full-time study (day classes)	Part-time study (evening classes)	Full-time study (day classes)	Part-time study (evening classes)	

01	Title	
	Mr	
	Ms	
	Dr	
	Prof	
	Other *	

02	Initials	
03	Surname	

04	Date of birth	D	M	YEAR

*Give abbreviation

05	ID No.	
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06	First Names	
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07	Maiden name (if applicable)	
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08	Marital status			
	Single	S	Divorced	D
	Married	M	Widow/er	W

09	Gender	
	Male	M
	Female	F

10	Source of funding	
	Self	
	NSFAS	
	Private Body	

11	Home Language									
	English	E	Afrikaans	A	English/Afr.	B	Northern Sotho	D	Southern Sotho	F
	Swazi	G	Tsonga	H	Tswana	I	Venda	J	Xhosa	K
	Zulu	L	Other / European	C	Other / Black	M				

12	Current Activity	
	Student	3
	Labour Force	4
	Other	5

DATE RECEIVED - ADMISSIONS
[STAMP]

FACULTY
[STAMP]

BACK FROM FACULTY
[STAMP]

PART B NATED DETAILS

14	Population group			
	White	1	Asian	3
	Coloured	2	Black	4

15	Citizenship	
	South Africa	100
	Name of other Country:	

PART C SCHOOL PARTICULARS: OTHER ACTIVITIES

16	How were you occupied for the greater part of the last semester/year?							
	Secondary pupil (Grade 12)	08	University of Technology student	03	Labour force (employed)	07		
	University student	01	FET / TVET College	05	Other	09		

17	Have you ever been registered with a Higher Educational Institution?				Yes*	No	*If Yes, include the Academic Record / Transcript from the Institution attended
	Year(s)						
	Qualification / Course(s)						

18	If registered as a student, or attempt tertiary education, give name of Institution				Transcript from the Institution required

19	Will you apply for subject exemptions?		*If Yes, please submit your application for exemptions upon receipt of acceptance letter.	20	Date of Matriculation / Senior Certificate (Grade 12)	
	Yes*	No			YEAR	M

21	Examination number											

22	Type of Senior Certificate			
	Foreigners Exemption	05	Admission to Bachelors	B
	Immigrants Exemption	06	Admission to Certificate	C
	Other Senior Certificate	07	Admission to Diploma	D
	FET / TVET College	08		

23	Matric aggregate*		*Average marks achieved

24	Name of school and town/city where your school is situated											
	Name of school											
	Town/city											
	Examining Authority e.g. Gauteng											

- Please attach **CERTIFIED COPIES** of the following:
- Grade 12 or equivalent certificate
 - Latest Grade 12 report (e.g. June examination)
 - Certificate of conduct (if previously enrolled at another tertiary institution)
 - Statement of results (if previously enrolled at another tertiary institution)
 - Any other formal qualifications you attained
 - Identity document
 - Proof of address (not compulsory)

N.B.: A Grade 12 report (e.g. June examination or the Grade 12 advice of results only grants **CONDITIONAL** admission. Final admission will be granted only on receipt of a certified copy of your Senior Certificate at Student Administration (CW Building); if all the admission requirements of the University are met; and there is space available.

25	Particulars of all post-secondary study			
	Institution	Diploma/Degree	Subjects passed	Year

PART D GENERAL INFORMATION

26 Do you have a disability? Please tick correct circle Yes: No:

28a Do you suffer from poor health? Yes: No:
If yes, please specify:

27 Tick the relevant circles

Physical Disability		Learning Disability	
<input type="radio"/> Mobility	<input type="radio"/> Head Injury	<input type="radio"/> ADD / ADHD	<input type="radio"/> Epilepsy
<input type="radio"/> Visual or partial impairment	<input type="radio"/> Cerebral Palsy	<input type="radio"/> Dyslexia	
<input type="radio"/> Hearing impairment	<input type="radio"/> Quadriplegic	<input type="radio"/> Other (Please specify)	
<input type="radio"/> Spina Bifida	<input type="radio"/> Paraplegic		

28b Are you on chronic medication? Yes: No:
If yes, please specify:

28c Regarding your illness/disability what kind of assistance will you require to make your academic experience workable?
Funding is available for all disabled applicants whose applications for admission is successful.

29 Offering type

Vanderbijlpark campus	0001	Ekurhuleni campus (No residence accommodation)	0014	Uppington campus (No residence accommodation)	0015
Full-time study (day classes)	VF	Full-time study (day classes)	EF	Full-time study (day classes)	UF
Part-time study (evening classes)	VP	Part-time study (evening classes)	EP	Part-time study (evening classes)	UP

Secunda campus (No residence accommodation)	0002
Full-time study (day classes)	HF
Part-time study (evening classes)	HP

30 Postal address **N.B. All the sections provided for addresses (30-33) must be completed.**

										Postal Code	
Cell No.											
E-mail											

31 Accounts* **Person that will be responsible for the fees*

Title	Mr	Ms	Dr	Prof	Rev	The Hon.	Other (give abbreviation)					
Name												
Address												
											Postal Code	
Cell No.												
E-mail												

32 Name and address of parent / guardian/ relative not staying with you* **In case of an emergency contact details*

Title	Mr	Ms	Dr	Prof	Rev	The Hon.	Other (give abbreviation)					
Name												
Address												
											Postal Code	
Cell No.												
E-mail												

33 Residential address

Street Name & Number													
Suburb													
Town													
Province												Postal Code	
Cell No.													
E-mail													

PART E SPORTS & HOBBIES

34 Indicate your interest with an X. If you were awarded colours, please replace the X with: School colours - S; Provincial colours - P; or National colours - N.																							
Rugby	S01			Netball	S05			Tennis	S08			Swimming	S11			Badminton	S14			Gymnastics	S17		
Athletics	S02			Golf	S06			Soccer	S09			Squash	S12			Parachuting	S15			Cycling	S18		
Cricket	S03			Karate	S07			Judo	S10			Cross country	S13			Volley ball	S16			Table tennis	S19		
Hockey	S04																						

PART F DECLARATION

1. I undertake
 - 1.1 to comply with the rules and regulation of the Vaal University of Technology, should my application be successful,
 - 1.2 to inform the University immediately, in writing, if I change my address, and
 - 1.3 to acquaint myself, each year/semester with all the rules and general regulations that relate to the programme for which I am applying.

2. I/We hereby absolve the Vaal University of Technology, its staff, employees, representatives and/or agents from any claims which I/the student may acquire as a result of any injuries which I/the student 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/his/her participation in any sport/tour/outing/excursion/visit or transport which may take place during my/his/her studies at the University.

3. No full time student may participate on behalf of a country club without the permission of the Dean of Sports.

4. I/We accept that I/the student shall participate in the activities mentioned in paragraph 2 on my/his/her own responsibility and shall voluntarily accept the risk incidental thereto.

5. I/We hereby accept liability for the payment of all study, class or other fees which may be charged by the University as a result of my/his/her studies at the University, if my application is successful.

6. I am aware that my enrollment is valid only if it complies with the regulations of the programme concerned, irrespective of the acceptance of this application by the University.

7. I agree
 - 7.1 that I shall be held liable for the payment of all monies owed by myself, my child or my ward as a result of my connections with the University
 - 7.2 that in the event that the University instructs Attorneys to take any steps against myself for the recovery of any amounts due to the University by myself, that I shall pay all costs as between Attorney and client, inclusive of collection commission;
 - 7.3 that I conclude this agreement with the knowledge and consent of my parent/guardian/employer;
 - 7.4 that all particulars given by me on this form are true and correct;
 - 7.5 that I have taken cognisance of the fees payable and the fact that class, residence and other fees are revised annually by the University and increased accordingly.

8. I am aware that Fees charged by the University may be increased form time to time. Refer to a separate Fees leaflet.

9. By Signing this form I (tick the relevant box/es):
 - 9.1 Give permission to the University to perform all necessary background checks on my details, including qualification verification;
 - 9.2 Allow the University to share my information with relevant authorities when requested by law; and further to share any personal information with relevant parties only with my express permission (in writing);
 - 9.3 Give permission to the University to share my results and statement of account with my sponsors, parents and/or guardians.

Signature of student	
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Date	D	M	YEAR

If Minor Signature of parent/guardian	
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Date	D	M	YEAR

35 FOR USE BY UNIVERSITY (ACADEMIC FACULTY) ONLY

Approved		If conditional, give reason:	Conditional - Symbol	S	Art 44 - Age		
Rejected			Conditional - Senior Certificate	M	Psychometric Test		
					Speex Test		
					SAQA Evaluation		

Signature of Dean/HOD	
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Date	D	M	YEAR

Remarks:	