



Kindly address all correspondence to:
Deputy Registrar: Admissions & Registrations
Vaal University of Technology
Private Bag X021
Vanderbijlpark 1900

Student No.	<input type="text"/>	Academic Year	<input type="text"/>
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OFFERING TYPE
(Mark with an X)

First Semester	<input type="checkbox"/>	Vanderbijlpark Campus Full Time	VF	Secunda Campus Part Time	HF
Second Semester	<input type="checkbox"/>	Vanderbijlpark Campus Part Time	VP	Science and Technology Park	SF
Year	<input type="checkbox"/>	Uppington Campus	UF		

CHANGE OF COURSE

From:	<input type="text"/>	To:	<input type="text"/>
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Attach SENIOR CERTIFICATE and PROGRESS REPORT if changing course

PERSONAL PARTICULARS

01	Title (mark with an X)		02	Surname	
	Mr	<input type="checkbox"/>		<input type="text"/>	
	Ms	<input type="checkbox"/>		<input type="text"/>	
03	Other (give abbreviation)		03	Initials	
	<input type="text"/>	<input type="text"/>		<input type="text"/>	
04	ID No.	If no ID No., fill in Study Permit No.	Expiry Date of Study Permit		
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

ADDRESS DETAILS

05	Postal Address
<input type="text"/>	
<input type="text"/>	
<input type="text"/>	
<input type="text"/>	
<input type="text"/>	
<input type="text"/>	
<input type="text"/>	
Tel No.	
<input type="text"/>	

06	Are you at present a registered student at the Vaal University of Technology?	YES	NO
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07 DECLARATION

1. I undertake
 - 1.1 to comply with the rules and regulations 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, 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 enrolment 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 declare
 - 7.1 that I conclude this agreement with the knowledge and consent of my parent / guardian,
 - 7.2 that all particulars given by me on this form are true and correct.

8. I have taken cognisance of, and fully understand, the contents of the Vaal University of Technology's mission, order of conduct and future strategic position.

Signature of Student

Date

Signature of Guardian / Parent / Employer

Date

FOR USE BY ACADEMIC FACULTY ONLY

Approved		If conditional – give reasons:	S	Conditional - symbol
Rejected			O	Other

Signature

Date