

Application for academic admission

Please complete all pages of this form in BLOCK CAPITAL letters, and return to Academic Structure and Student Enrolment Services. Every section must be filled in. **Mark boxes with** X, where appropriate.

Application fees

2nd Semester 2015

On or before 31 May 2015	R200.00
On or before 30 June 2015*	R400.00
(Late application)	

No applications for the 2nd semester intake will be accepted after 30 June 2015.

2016

On or before 31 August 2015	R215.00
On or before 30 September 2015*	R430.00
(Late application)	

Amounts payable are subject to change.

*No late applications are accepted for International

	UNDERGRADUATE STUI	DIES				
TES	2 ND SEMESTER INTAKE (current year)	End of June (only the following programmes in Engineering: Civil, Electrical, Mechanical)				
APPLICATION DATES	JANUARY INTAKE (next year)	End of August (all undergraduate programmes)				
ATIO	INTERNATIONAL STUDENTS					
2 ND SEMESTER INTAKE (current year)		End of May (only the following programmes in Engineering: Civil, Electrical, Mechanical)				
API	JANUARY INTAKE (next year)	End of August (all undergraduate programmes)				
LS	Che	ck the Application Guide or CUT website, www.cut.ac.za				
BANKING DETAILS	ndard Bank Indwag 5534 0454405 dent number or ID number					

	Use this checklist to ensure that you h	nave
;	Proof of payment (application fee) attached.	\
	Qualification selection section completed (in full).	✓
	3. Form signed by you and your parent/guardian.	✓
5	Certified copies of the following documents are attached:	✓
	Identification document/passport document	✓

I	the information/documents							
	•	Your academic record in respect of studies at another higher education institution, if applicable.	✓					
	•	A certificate of good conduct if you are/were registered at another higher education institution.	✓					
	•	Undergraduate applicants: National Senior Certificate (Grade 12) or equivalent qualification.	✓					
Medical certificate (international students only).								
		ational Benchmarking Test (NBT) is compulsory and applicants are requested to take note and sign nfirmation.	n					

7	Postal address	Physical address	Contact details	Application status
BLOEMFONTEIN	Private Bag X20539 Bloemfontein 9300	Lapeng Building 1 Park Road Bloemfontein	Tel.: +27 (0) 51 507 39° Fax: +27 (0) 51 507 319° E-mail: apply@cut.ac.za Website: www.cut.ac.za	
WELKOM	PO Box 1881 Welkom 9460	Mothusi Road Thabong Welkom	Tel.: +27 (0) 57 910 350 Fax: +27 (0) 57 396 333 E-mail: apply@cut.ac.za Website: www.cut.ac.za	

Ι,				I			
	Receipt number	Amount	Date				
					Stude	ent nu	ımber
							Year



GENERAL INFORMATION AND INSTRUCTIONS

- Complete only one form per person and indicate the choice of study.
- This form must be completed in BLOCK LETTERS and in full.
- An incomplete application form will delay your application process.
- Proof of payment for the application fee must accompany the application form. This must be submitted to one of the addresses provided on the first page.
- Applicants are subject to academic selection for all courses.
- This form, as well as the account application form, should be submitted to one of the addresses provided on the first page.
- CUT must immediately be notified of any change in address.
- Quote your student number in all correspondence.
- If you decide not to continue your studies after you have submitted your application, or if you would like to change your course, immediately notify Student Enrolment Services in writing.
- CUT reserves the right to refuse an application without providing reasons, but a student has the right to appeal against an unsuccessful application.

Admission requirements

- A National Senior Certificate (Grade 12) or equivalent qualification.
- A candidate must score at least 27 or more points on the CUT scoring scale for the National Senior Certificate (NSC) examination.
- Subject requirements as per course.
- You may apply with your Grade 12 June or subsequent examination marks.

Physical facilities and students with special needs

- CUT does not discriminate against students with special needs.
- Students with special needs should ensure that they are satisfied with the available physical facilities at CUT before applying for admission.
- If a student with special needs is admitted, special examination procedures will depend on the specific case and will be authorised based on the statement of results.



							Student nu	ımber	
						(for office use	only)		
NOIL	WHAT COURSE WOULD YO	OU LIKE TO STUDY?							
QUALIFICATION SELECTION	Course, e.g. NDip (Marketin								
NOIT		y for the above programme choing of Grade 12 subjects into cons							
FICA	-		Campus						
ALI		Bloemfontein campus Full-time study (day classes)			om campus me study (day classes)				
۵n		Bloemfontein campus Part-time study (evening classes	s)		om campus ime study (evening classes	s)			
	Title				E-mail				
	(Mr/Ms/Mrs/Dr/Rev./etc.)				Tel. (work)				
	Surname				Tel. (home)				
	Initials First names (in full)				Cellphone number				
	Maiden name (if applicable)				Fax				
	Identity number			Population group	African	Coloured			
	International students only: Passport number					Indian		White	
	Passport expiry date					Other			
	Date of birth	Y Y Y Y M	M D D		Current and previous activity (please indicate your current and previous	Grade 11/1 University of technology	of	Current Pre	vious
DETAILS	Gender	Male Female	е		activity – mark all relevant blocks)	technikon s TVET/FET student Labour force/emple Other			
PERSONAL DETAILS	Marital status	Single Married Divorced Widow/e	er		International students only: Citizenship (indicate your country of origin)	Countries in Namibia Zimbabwe Lesotho Botswana	n Europe	Swaziland Mozambique Angola Zambia Malawi	
	Home language	Sesotho siS Afrikaans Tsh isiXhosa isiN	Zulu Ewati Inivenda Ndebele Itswana	- - - - -	Did you know? The Central University of Bloemfontein and Welk In 2014, 43.9% of stude Engineering and Mathe CUT has 24-hour study	om. nts were enrolle matics (STEM) fi	ed in priority Sc		



		Student number
		 (for office use only)
	Physical address	PO Box/Private Bag
	Surname	Suburb/township
ESS	City/town	City/town
DR	Province	Postal code
AD.	Postal code Tel. (work)	
	Tel. (home)	
STUDENT ADDRESS		
ST	Cellphone number	
	E-mail	
	Fax	
	Title	PO Box/Private Bag
SS	(Mr/Ms/Mrs/Dr/Rev./etc.)	
DRE	Surname	Suburb/township
AD	Full names	City/town
(Ö	Address	Postal code
Ē	Address	
(B)	Suburb/township	
⊢	City/town	
	Province	
눌	Postal code	
ΩÖ	Tel. (work)	
ACC	Tel. (home)	
	Cellphone number	
	Title	
2	(Mr/Ms/Mrs/Dr/Rev./etc.)	
oslr	Surname	
mbı	Full names	
00)	Company	
N N	Relationship to student	
PARENT/GUARDIAN/NEXT OF KIN (compulsory)	Physical address	
E N	City/town	
N N N N N N N N N N N N N N N N N N N	Province	
DIA	Postal code	
JAR	Tel. (work)	
76L	Tel. (home)	
	Cellphone number	
PAR	E-mail	
	Fax	



		Student number							
		(for office use only)							
	Toron of Conffrontian accordable								
	Types of Certificates acceptable	Have you ever been suspended or refused admission to any post-secondary institution?							
	School-leaving certificate with university exemption	Yes No							
	National Senior Certificate (Grade 12)								
	Certificate of conditional exemption on the grounds of age	If yes, please							
	NATED 191/NC(V) (TVET/FET Colleges' qualifications))	provide details							
	Other								
	School-leaving details	Have you been found guilty of a criminal offence?							
	Highest grade passed to date	Yes No							
	Date of school-leaving examination								
	Examination no. (if already available)								
	Name of school attended								
	City/town	If yes, please							
	Province	provide details							
	Postal code								
10									
Ĕ	Will you apply for subject recognition or exemption?	Please indicate whether you are a CUT staff member or a dependant of a staff member.							
ADMISSION REQUIREMENTS									
	Yes No	Yes No							
aŭ.		If yes, provide staff number							
Ä									
N O	Are you enrolled at or do you intend to enrol at another tertiary institution?	Do you have any special needs?							
SSI	Yes No	Yes No No							
ÎN C									
A	If yes, where?	If yes, please indicate which one of the categories below is most applicable to the							
	Were you previously registered as a student at another institution?	nature of your special needs:							
	Vc	Communication Multiple (talking, listening)							
	Yes No No	Emotional Physical							
	If yes, where?	(behaviour, psychological) (moving, standing, grasping)							
	,55,5.	Hearing Sight (hilidages reduced vision glasses)							
	Student no.	(difficulty in hearing/deaf) (blindness, reduced vision, glasses)							
	Student no.	Learning (difficulties in learning)							
		Other							
	קיים המוצבות ה >								
	Did you know?	In order for CUT to facilitate							
	CUT promotes access with success. Students are supported to become graduates that will	In order for CUT to facilitate support, please provide details							
	be competent and innovative employees. Some of you will become entrepreneurs and job	regarding the nature of your special need, e.g. use of							
	creators!	wheelchair, crutches.							
	The Peer Mentorship Programme in each faculty aims to provide CUT students with a Second Cut Stud								
	supportive environment that will motivate and help you develop to maximum personal and	The university must be informed of certain special needs to determine whether it is able to make special arrangements to accommodate persons with special needs.							
	academic potential.	Confidential advice can be obtained from the Unit for Students with Special Needs.							
	Check out the CUT Graduate Attributes online at http://www.cut.ac.za/graduate-								
	attributes/								



		Otrodout assembles
		Student number
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FINANCIAL SECTION	Are you applying for a loan (NSFAS)? Yes No Do you intend to study with a bursary? Yes No Awarded by	Did you know? CUT has a Careers Office that will equip you with the necessary competencies to successfully compete in the highly competitive labour market, namely job-hunting skills, mock interviews, etc. The university has its own radio station, CUT FM. Get your campus news on the air waves!
INTERNATIONAL STUDENTS ONLY	Motivation and reasons why you wish to study in the Republic of South Africa and, more spe Permit information Permit number Expiry date of permit State the type of residence permit in your possession Permanent residence Work permit Study permit No permit	Will you secure medical aid from a South African medical aid provider and submit a certificate in this regards? Yes No Did you know? CUT has exchange programmes with universities all over the world. You could be a world traveller!
	How is your general health? Good Poor	A team of professionals offer support to international students at CUT.
ADDITIONAL INFORMATION	I have decided to study at CUT for the following reason (please select only one option) Information from CUT school visit Career shows; open days Information from family, friends, CUT students Information from staff at school/faculty Other (please specify)	Did you know? CUT loves sport. We have great facilities and teams for netball, soccer, rugby, volleyball, hockey, basketball, tennis, table-tennis, karate, and athletics. The institution's Wellness Centre will take care of your health and psychological counselling, academic support, reading development, social work services, and chaplaincy services. The institution's Gospel Choir is a multiple-award-winning team.



Student number						 ٠	
(for offic	e use	only)				

1. I,	the undersigned			(full names and
su	ırname)	(ID number), assisted b	ру	(full names and surname of
pa	rent/guardian) hereby declare that:			
1.1	University of Technology, Free State polici For the duration of my studies at the Centr	es and procedures relating to students; al University of Technology, Free State ((CUT) I commit myself to compliance	ed in the Calendar – Part I), as well as all Central with all rules, regulations, policies and procedures ations, policies and procedures forming part of my
1.3 1.4	I am completing and signing this declaration All particulars as provided to CUT are true and its duly authorised verification agents of verification information for the purpose of	and correct, failing which my registration to forward my personal information, as w of verifying my personal credentials and re	will be cancelled with immediate an ell as any information that I have pro ecords,	parent/guardian; d automatic effect; and that I have authorised CUT vided in support of my application, to the suppliers on concluded in Bloemfontein or Welkom, provided
	that this application only becomes a valid from the Section: Student Enrolment Servi	and binding agreement upon my official eces;	enrolment at the campuses in Bloen	nfontein or Welkom. Proof of the latter is available
1.6 1.7	In terms of the Promotion of Access to Info necessary by CUT;	rmation Act, Act No 2 of 2000 I herewith o	rant permission to CUT to disclose r	ny personal information to third parties, as deemed
1.8	I grant permission to CUT to submit progreto my parents and/or guardians and/or spo		ther applicable information related t	o my studies / activities and/or counselling at CUT,
	reby renounce any possible action against the		State and indemnify the Central U	niversity of Technology, Free State from any claim
that	may arise from the following:			
2.1 2.2 2.3	Any injury, illness or death;	e or immovable, including any conseque	ntial damage directly arising from da	mage to such property;
2.4 2.5	Any legal costs or expenses relating to clar Any costs incurred for medical treatment; v	vhere such loss, damage, illness, injury, o	death, event or incident arises from i	my visit to, training at and/or accommodation at the sport that may occur during my period of study at
	Any liability that may result from furnishing			
4. Irres	ment of all tuition, class, residence and other	n received or is to be received, I hereby fees, of whatever nature, owed to the Ce	accept liability/accountability, as the entral University of Technology, Free	e responsible person, for the prompt and punctual
6. I he befo	ore all minimum fees have been paid and all o	ny classes of CUT before the minimum cloutstanding payments arising from previo	aimable fees have been paid, provideus commitments have been settled.	ed that no student will be considered for registration
	reby accept liability/accountability for the pay nmitments with respect to payments.	ment of all legal fees of CUT, including a	attorneys' and client fees, as well as	collection fees, if I should fail to honour any of my
8. I an	n aware of the fact that my enrolment is only w			tanding acceptance of this application by CUT.
10. I he furth		ne Copyright Act and I indemnify CUT fro orks, as required for my studies, from my	m any claims that may arise from all	egations of copyright violation by me as student. I CUT is not responsible for providing original works,
	AT	ON THIS	DAY OF	20 .

NB: All student rules, regulations, policies and procedures are available upon request from the Section: Student Enrolment Services and are also available for perusal at the Library & Information Centre.



Student Number							
(1	for offic	e use	only)				

DECLARATION BY PARENT/GUARDIAN

1.	I, the undersigned		(full	names and surname of
	parent/guardian)		(ID number) h	ereby declare that:
	1.1 I have verified the information contained in the above form, a	and that the particulars con	tained therein are true and correc	t ·
	I have familiarised myself with the contents of the declaration and consequent agreement with CUT, entered into by my mi	given by my son/daughter,		
	I am aware of the fact that there are student rules, regulation another authorised body or person. I confirm that I am awar	s, policies and procedures		
	additional student rules, regulations, policies and procedures 1.4 I will immediately notify the Academic Structure and Student	s, and I agree that my son/	daughter must commit himself/hei	rself to compliance with such;
	1.5 My son/daughter may enter into any bursary and/or loan agree	eement, as well as any am	nendment thereof, with CUT;	
	1.6 In terms of the Promotion of Access to Information Act, Act information to third parties, as deemed necessary by CUT;	No. 2 of 2000, I herewith of	grant permission to CUT to disclo	se my son/daughter's personal
	 1.7 I grant permission to CUT to submit progress reports, coun and/or activities and/or counselling at CUT to his/her sponso 		her applicable information related	to my son/daughter's studies
	1.8 I, the undersigned, hereby acknowledge that the registratio participation may (depending on the programme for which he other experiments, exposure to hazardous substances, expotours, and travelling during the course of such tours, and acc I furthermore acknowledge that I am aware that there are knowledge that I am awar	n and participation of my e/she registers) include, busture to machinery and equommodation and use of bown and unknown risks and that I understand that this/her personal injury or do negligence of others, o	It not be limited to, research, pracuipment, field trips, travelling on a uildings and facilities of CUT or the dangers inherent in his/her partihese risks may result in potential leath, resulting not only from the acr from the condition of buildings,	tical evaluation, laboratory and and off campus, participation in ird parties ("related activities"). cipation in the programme and loss or damage to property or ctions, omissions or negligence
2.	I hereby renounce any possible action against CUT, and indemnify 2.1 Any loss of, or damage to, property, movable or immovable, 2.2 Any injury, illness or death;			mage to such property;
	2.3 Any event, incident or accident;2.4 Any legal costs or expenses relating to claims or lawsuits aris	oing from the enceified inc	idente: and	
	2.5 Any costs incurred for medical treatment, where such loss, of in any voluntary activity or action which is not a pre-requisit son/daughter is registered at CUT; and	lamage, illness, injury, dea te for my son/daughter's s	ath, event or incident arises from r studies and/or for the obtaining of	the qualification for which my
3. 4.	2.6 Any liability that may result from furnishing verification inform I accept that my son/daughter participates in the above activities at I hereby agree that the agreement arising from the signing of this Bloemfontein or Welkom, provided that this application only become in Bloemfontein or Welkom. Proof of the latter is available from the	it his/her own risk, and tha s document, notwithstand nes a valid and binding ag	t he/she voluntarily accepts the rising the place of signing, is deem reement upon the applicant's office	sks associated therewith. ed to have been concluded in tial enrolment at the campuses
SIG	NED AT	ON THIS	DAY OF	20

SIGNATURE OF PARENT/GUARDIAN: