

APPLICATION FORM FOR DEng REGISTRATION

1. CHECKLIST:

Kindly ensure that each item in this checklist is included and marked off, and then send the completed application form to:

CONTACT PERSON:

E-MAIL:

CHECKLIST:	Completed by Supervisor.	DEPT:	Civil
	Signed by Candidate.		E&E
	Signed by Supervisor.		Industrial
	Signed by Co-Supervisor.		M&M
	Signed by Head of Department.		Process
	The candidate's complete CV and study record are attached.		

2. CANDIDATE:

TITLE: INITIALS:

NAME:

SURNAME:

SU NUMBER: E-MAIL:

STUDIES COMMENCE (month): TEL:

STUDIES COMMENCE (year): FAX:

CURRENT POSTAL ADDRESS:

FIELD OF RESEARCH:

3. TERTIARY QUALIFICATION (CANDIDATE):

Please include the following information:

1) Type of qualification; 2) Name of the Institution; 3) Year of completion

TERTIARY
QUALIFICATION 1:

TERTIARY
QUALIFICATION 2:

TERTIARY
QUALIFICATION 3:

4. SUPERVISOR:

TITLE: INITIALS:

NAME:

SURNAME:

TEL: E-MAIL:

% SUPERVISION:

5. CO-SUPERVISOR # 1:

TITLE: INITIALS:

NAME:

SURNAME:

TEL: E-MAIL:

% SUPERVISION:

6. CO-SUPERVISOR # 2:

TITLE:

INITIALS:

NAME:

SURNAME:

TEL:

E-MAIL:

% SUPERVISION:

7. CO-SUPERVISOR # 3 (EXTERNAL):

TITLE:

INITIALS:

NAME:

SURNAME:

TEL:

E-MAIL:

% SUPERVISION:

8. SIGNATURES:

CANDIDATE:

DATE:

SIGNATURE:

8. SIGNATURES (continued):

SUPERVISOR:

DATE:

SIGNATURE:

CO-SUPERVISOR 1:

DATE:

SIGNATURE:

CO-SUPERVISOR 2:

DATE:

SIGNATURE:

CO-SUPERVISOR 3:

DATE:

SIGNATURE:

HEAD OF
DEPARTMENT:

DATE:

SIGNATURE:
