



UNIVERSITY OF TECHNOLOGY, MAURITIUS

LA TOUR KOENIG
POINTE AUX SABLES
Telephone: 207 5250
Fax: 234 16 60

APPLICATION FOR SHORT COURSE

(PLEASE USE BLOCK LETTERS THROUGHOUT)

1. SURNAME .....

Other name(s) Mr./Mrs./Miss.....

Maiden name (if applicable) .....

(Enclose photocopy of marriage certificate)

2. DATE OF BIRTH (Day, Month, Year), 3. SEX (Male, Female), 4. MARITAL STATUS (Married, Single), 5. NATIONALITY (Mauritian, Other), National ID No. grid, and a note: 'If not Mauritian, specify ... (Please attach copy of ID Card/Other Identification/Passport)'

6. ADDRESS FOR CORRESPONDENCE Telephone No. Home: Office: Mobile:

Fax No.: Email:

7. COURSE TITLE Starting Date

- 8. EDUCATIONAL Background (pls tick as appropriate)
1. School Certificate
2. Higher School Certificate
3. Certificate / Diploma
4. Degree/ Master
5. PhD

**9. THIS SECTION SHOULD BE FILLED IN IF YOU ARE UNDER 18 YEARS OF AGE**

Name of parent/guardian ..... Phone No. (if any) Home .....  
Office .....  
His/her address ..... His/Her occupation .....

**DECLARATION OF PARENT/GUARDIAN**

I, ....., parent/guardian of the above-named  
....., hereby consent to his/her signing the  
declaration below and agree to be bound with him/her for the execution thereof.

Date ...../...../..... Signature .....

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**10. THIS SECTION MUST BE FILLED IN BY ALL APPLICANTS**

I, ....., solemnly declare that if  
admitted to the University of Technology, Mauritius, I will  
(a) diligently follow the course for which I am selected to its termination;  
(b) inform the Registrar, in writing and without delay, if I withdraw from the Course;  
(c) comply to all the rules and regulations of the University of Technology, Mauritius;  
(d) pay in advance all fees and dues required until the completion of studies.  
(e) incur the cost of recovering any additional outstanding balance due to the University.  
(f) Inform the Registrar if I am suffering from any serious illness or incapacity.

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**11. I also declare that the above information is true and correct.**

Date ...../...../..... Applicant's Signature .....

**Please return completed Application Form together with certified photocopies of supporting documents and an Application Fee as prescribed in the advertisement, to the University of Technology, Mauritius (La Tour Koenig, Pointe-aux-Sables, Mauritius) on or before the date specified by the University.**

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**12. For office use.**

**Application Approved / Not Approved                      Signature: \_\_\_\_\_                      Date: \_\_\_\_\_**