



UNIVERSITY OF TECHNOLOGY, MAURITIUS

LA TOUR KOENIG
POINTE AUX SABLES 11134
Telephone: 207 5250
Fax: 234 16 60

APPLICATION FOR MODULE ON STAND-ALONE/AUDIT MODE

(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 for National ID No.

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. MODULE TITLE

SCHOOL

Form for Module Title and School selection

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 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 Registrar if I am suffering from any serious illness or incapacity.

10. 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 11134, Mauritius) on or before the date specified by the University.