



UNIVERSITY OF TECHNOLOGY, MAURITIUS

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

Table for Office Use Only Application No. with columns Q, NQ, P, A, E, T and rows APL, APEL.

NOTE:

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.

APPLICATION FOR ADMISSION: ACADEMIC YEAR 2023/2024 (OCTOBER 2023 Intake)

(PLEASE USE BLOCK LETTERS THROUGHOUT)

1. Title: Prof / Dr / Mr / Mrs / Miss / Ms

SURNAME

Other name(s).....

Maiden name (if applicable)

(Enclose photocopy of marriage certificate)

Form section for 2. DATE OF BIRTH, 3. SEX, 4. MARITAL STATUS, 5. NATIONALITY, and National ID No. with checkboxes and input fields.

Form section for 6. ADDRESS FOR CORRESPONDENCE, Telephone No. (H), (O), (M), and Email.

7. Please fill-in either 7(a) or 7 (b), as applicable

(a) PROGRAMME OF STUDY APPLIED FOR (In Order of Preference, Only Courses You Are Interested In)

Table with columns Programme Title, PT/FT, and Code, containing 3 rows for program selection.

(b) Research Degree (MPhil / PhD)

(i) Mode of study: full-time/part-time (delete as appropriate)

(ii) Area(s) of Research: with multiple horizontal lines for text entry.

Applicant Name:

Programme Applied for:

Programme Title		PT/FT		Code					

8. Educational Details

List all subjects taken, including failures, in **exactly the same order as on Certificates**. Give the three best attempts for each certificate and their years and months of examinations. Group together all subjects taken at one sitting.

8.1 SC / GCE O-Level Results		1 st Attempt	2 nd Attempt	3 rd Attempt
Index No. →				
School Attended: →				
Date of Attempt (Month/Year) →				
Subjects		Grades (e.g. 1,2,3 ... or A, B, C...)		
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

8.2 HSC / GCE A-Level Results		1 st Attempt	2 nd Attempt	3 rd Attempt
Index No. →				
School Attended: →				
Date of Attempt (Month/Year) →				
Subjects Taken at Principal Level		Grades (A, B, C...)		
1.				
2.				
3.				
4.				
Subjects Taken at Subsidiary Level		Grades (e.g. 1,2,3 ... or a, b, c...)		
1.				
2.				
3.				

9. OTHER QUALIFICATIONS

It is the responsibility of the applicant to ensure and to provide proof that the qualifications meet the requirement for entry on the programmes applied for and are recognised nationally and / or considered equivalent.

	Courses/Programmes	Institutions	Grade Awarded	Duration (months)	From	To
1.						
2.						
3.						
4.						

10. FOR MATURE APPLICANTS ONLY (Prior working experience / qualifications)

Please submit a certified written statement together with relevant documents including:

- Copies of exams, with grades, achieved
- Details of working experience, detailing skills developed and practical knowledge acquired
- A reference for the working experience and other responsibilities

11. EMPLOYMENT HISTORY

Give all relevant information about previous and current employment, if applicable, as follows:

From		To		Name & Address of Employers/Firms	Positions Held	Job Description
Month	Year	Month	Year			

12. 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
....., hereby consent to his/her signing
the declaration below and agree to be bound with him/her for the execution thereof.

Date /...../.....

Signature

13. 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 Programme of study for which I am selected to its termination;
- (b) inform the Registrar, in writing and without delay, if I withdraw from the Programme;
- (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.

14. STUDENT EMERGENCY CONTACT INFORMATION

Any special health condition you may wish to inform the University of.

Information provided shall remain confidential.

14.1 Personal Details

Student Name:	
Nature/ History of Medical Illness:	
Name of Medical Practitioner:	
Contact Number of Medical Practitioner:	

14.2 Emergency Contact

Name:	
Address:	
Phone Number:	
Relationship:	

14.3 Secondary Emergency Contact

Name:	
Address:	
Phone Number:	
Relationship:	

14.4 Additional Information

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15. I declare that the information provided in this form is true and correct.

Date /...../.....

Applicant's Signature