

# SOUTHERN UNIVERSITY OF TECHNOLOGY



Reflect, understand and lead

BOX 397 NHLANGANO KINGDOM OF ESWATINI  
Email: admissions@sut.ac.sz Cell: 78702920 / 76044317

"DEVELOPING SMART MINDS"

## APPLICATION FOR ADMISSION IN 2020

FORM SHOULD BE FILLED IN TRIPLICATE

CERTIFICATE / DIPLOMA / DEGREE	
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*Applicants should ensure they meet the minimum entrance requirements prior to submission.*

NAMES OF APPLICANT	
SURNAME	
IDENTITY NUMBER	
POSTAL ADDRESS	
HOME TELEPHONE #	
CELL NUMBER#	
EMAIL ADDRESS	

*Accurate contact information is imperative so that feedback from SUT can reach you promptly.*

**I DECLARE THAT THE INFORMATION GIVEN IS TRUTHFUL AND ACCURATE**

Name of applicant \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Financier \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

### FOR OFFICE USE ONLY

RECIPIENT	SIGNATURE	DATE
_____	_____	____/____/____

**DECISION:** \_\_\_\_\_