

**CANDIDATE'S PERSONAL INFORMATION**

NAME & SURNAME:	<input type="text"/>									
SU APPLICATION ID:	A	P	P	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
SU STUDENT NUMBER (if previously enrolled at SU)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
EMAIL:	<input type="text"/>					CONTACT NUMBER:	<input type="text"/>			
ADDRESS:	<input type="text"/>									

**TERTIARY QUALIFICATIONS**

QUALIFICATION (1):	<input type="text"/>	YEAR COMPLETED:	<input type="text"/>
INSTITUTION:	<input type="text"/>		
QUALIFICATION (2):	<input type="text"/>	YEAR COMPLETED:	<input type="text"/>
INSTITUTION:	<input type="text"/>		
QUALIFICATION (3):	<input type="text"/>	YEAR COMPLETED:	<input type="text"/>
INSTITUTION:	<input type="text"/>		

**PROGRAMME DETAILS**

SPECIALISATION:	<input type="checkbox"/> Power System Planning and Operation	<input type="checkbox"/> Smart Grid Technology
COMMENCEMENT:	<input type="text"/>	<input type="checkbox"/> FULL-TIME
(month and year)		<input type="checkbox"/> PART-TIME

**CHECKLIST**

A **complete academic history** is attached. ☐

(academic transcript and degree certificate for **each qualification awarded**)

**SIGNATURES**

CANDIDATE:	<input type="text"/>
DATE:	<input type="text"/>
SIGNATURE:	<input type="text"/>

**RECOMMENDATION BY THE DEPARTMENT** (for office use only)

The Departmental Management Committee approves the MEng application.

DEPT. CHAIR:	<input type="text"/>
DATE:	<input type="text"/>
SIGNATURE:	<input type="text"/>