

APPLICATION FOR REPLACEMENT OF A DEGREE / DIPLOMA CERTIFICATE

STUDENT NO:

SURNAME (Maiden name, if applicable):TITLE:

FIRST NAMES:

ID/PASSPORT NO:

TEL NO.:CELL NO:

EMAIL ADDRESS:

PHYSICAL ADDRESS:

POSTAL ADDRESS:

DEGREE/DIPLOMA FOR WHICH THE CERTIFICATE IS REQUIRED:

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YEAR OF COMPLETION:

SIGNATURE:DATE:

NB.: (a) The application fee of R320 per degree/diploma must accompany this application form.
The application fee must be deposited at the following bank or paid at Step 7 on campus

Bank: ABSA
Name: Mangosuthu University of Technology
ACC NO.: 4063827633
Branch Name: Absa KZN
Branch Code: 632005

Send the completed application form with a certified copy of ID, proof of payment slip and completed original affidavit to:
The Examinations Department, Mangosuthu University of Technology, P.O. Box 12363, JACOBS, DURBAN 4026, SOUTH AFRICA,
OR Hand Deliver to: Mangosuthu University of Technology, 511 Griffiths Mxenge Hwy, Umlazi, Durban, 4031
OR email: exams@mut.ac.za

FOR OFFICE USE

ORIGINAL CERTIFICATE NO.....

DOCUMENT SUBMITTED: CERTIFIED COPY OF IDENTITY DOCUMENT

COMPLETED ORIGINAL AFFIDAVIT

PROOF OF PAYMENT



AFFIDAVIT

Ithe undersigned, ID No.....

Hereby confirm that I was a student of Mangosuthu University of Technology and I qualified for (diploma/ degree).....

I have lost the original certificate. (State how it was lost/destroyed) CASE NO.:

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I, therefore, request a replacement certificate.

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DEPONENT

I hereby certify that the deponent has acknowledged that he/she knows and understands the contents of this affidavit, which was signed and sworn before me at.....on this..... day of..... 2.....

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COMMISSIONER OF OATHS

STAMP