1 Date……………………………………………………………………………………

2 Name..................................................................................................................................

3 Student Number.................................................................................................................

4 Address during term

...........................................................................................................................................

5 Current contact telephone number at which we can reach you during term

 ...........................................................................................................................................

6 Electronic Mail Address....................................................................................................

7 Course of study (e.g. electrical, chemical, civil engineering etc)......................................

8 What level of university are you currently studying?…………………………………...

9 When are you available to demonstrate? Give 1st choice, 2nd choice, 3rd choice etc.

 Monday (8.40-11.40)……………………… Monday (14.10-17.10)……………………… Tuesday (8.40-11.40)……………………… Tuesday (14.10-17.10)……………………… Wednesday (8.40-11.40)…………………… Wednesday (14.10-17.10)…………..……… Thursday (8.40-11.40)…No Prac…………. Thursday (14.10-17.10)……………………. Friday (8.40-11.40…………………………. Friday (14.10-17.10)…No Prac…………….. OR: Not yet known.............................…..

10 Please attach a copy of your certificate of course credits, Academic Record or documentation of physics marks and send with this form by email to Mr M Mbense mbensed@ukzn.ac.za & cc. Mrs J Watson watsonj@ukzn.ac.za

11 I will acknowledge receipt of your application. Thereafter correspondence will be limited to short-listed candidates only.