

### CANDIDATE'S PERSONAL INFORMATION

NAME & SURNAME:

SU APPLICATION ID:    /

SU STUDENT NUMBER (if previously enrolled at SU)

EMAIL:  CONTACT NUMBER:

ADDRESS:

### TERTIARY QUALIFICATIONS

QUALIFICATION (1):  YEAR COMPLETED:

INSTITUTION:

QUALIFICATION (2):  YEAR COMPLETED:

INSTITUTION:

QUALIFICATION (3):  YEAR COMPLETED:

INSTITUTION:

### PROGRAMME DETAILS

SPECIALISATION:  Power System Planning and Operation  Smart Grid Technology

COMMENCEMENT:   FULL-TIME

(month and year)  PART-TIME

### CHECKLIST

A **complete academic history** is attached.

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

### SIGNATURES

CANDIDATE:

DATE:

SIGNATURE:

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

The Departmental Management Committee approves the MEng application.

DEPT. CHAIR:

DATE:

SIGNATURE: