

 Notification of Proposed Research Topic and Supervisor

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| --- | --- |
| Faculty |  |
| Department |  |
| **Qualification for which student is registered**  |  |
| **Offering type** |  **Full time registration** |  | **Part time registration** |  |
| **Prior qualification** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Student Surname |  | **Student No.** |  |
| First Names |  | Title (Mr, Ms) |  |
| Postal Address |  |
| **Tel (W)** | **Tel (H)** | Cell | **Fax** | e-Mail |
|  |  |  |  |  |
| **Provisional title of Dissertation/Thesis** |  | **Full**  |  |
| **Partial** |  |
| **Dissertation/Thesis** |

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| Proposed Supervisor |  |
| Position |  | **Present Qualifications** |  |
| **Supervisor comments** |  |
| **Postal Address** |  |
| **Tel (W)** | **Tel (H)** | Cell | **Fax** | e-Mail |
|  |  |  |  |  |
| **Area of expertise** |  |
| **Institution** |  |
| **Supervision experience** |  |
| **Recent publications****(maximum 6)** |  |
| **Date of Faculty Approval of Supervisor**  |  |

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| **Proposed Co-Supervisor (if available)** |  |
| Position |  | **Present Qualifications** |  |
| **Co-Supervisor comments** |  |
| **Postal Address** |  |
| **Tel (W)** | **Tel (H)** | Cell | **Fax** | e-Mail |
|  |  |  |  |  |
| **Area of expertise** |  |
| **Institution** |  |
| **Supervision experience** |  |
| **Recent publications****(maximum 6)** |  |
| **Date of Faculty Approval of Co-Supervisor** |  |

**STUDENT DECLARATION:**

I agree to:

* negotiate supervision agendas;
* communicate about questions, challenges, problems (usually in short e-mails);
* produce work at agreed intervals and work steadily;
* send work at agreed intervals for supervisor input;
* any further conditions as attached to this form (delete if not applicable);
* other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Student

**SUPERVISOR DECLARATION:**

I agree to:

* negotiate supervision agendas;
* advise on the research process;
* respond to short questions at agreed intervals (e-mail);
* read work submitted and comment, advise, determine agenda, action points;
* any further conditions as attached to this form (delete if not applicable);
* other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PLEASE NOTE THAT NOT ALL DETAILS (E.G. CO-SUPERVISOR) OR SIGNATURES MAY BE AVAILABLE AT THE TIME THE FORM IS SIGNED BY THE HOD: KINDLY UPDATE WHEN/AS DETAILS ARE AVAILABLE.

**Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(Supervisor)

**Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(Co-Supervisor)

## Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(HoD)

# Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# (Chair of Faculty Research Committee)

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| **FRC approval : Date of minutes in which recorded** |  |

***This form must be attached to the relevant registration forms and proof of entry requirements.***

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| **Routing**  | **Student** |  | **Supervisor** |  | **HoD** |  | **Faculty Officer** |  | **FRC** |  |
|  | For Registration |  |