



Notification of Proposed Research Topic and Supervisor

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	

Proposed Supervisor (if available)					
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					

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: _____

Student

Date: _____**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. SUPERVISOR/S) 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)

FRC approval : Date of minutes in which recorded	
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This form must be attached to the relevant registration forms and proof of entry requirements.

Routing	Student		Supervisor		HoD		Faculty Officer		FRC	
							For Registration			