



SCHOOL OF
DEPARTMENT OF

APPLICATION FOR RENEWAL OF M & D REGISTRATION FOR

A. TO BE COMPLETED BY THE SUPERVISOR

Supervisor:				
Student:	Initials		Surname	Student #
	Renewal of:	M (full)	M (mini)	D
Anticipated date of completion (if not in regulation time, then attach a copy of the memo: " Motivation for extended registration beyond regulation time "):				
Number of M-students under your supervision?				
How many will complete this year (attach a copy of the memo: " Status Report on the Project Proposal ")?				
Number of D-students under your supervision?				
How many will complete this year (attach a copy of the memo: " Status Report on Project Proposals ")?				
How many students are you supervising in another School or Faculty?				
If you are supervising students in another School or Faculty, then please complete section B below.				

B. DETAILS OF M & D STUDENTS FROM OTHER SCHOOLS OR FACULTIES

Initials & Surname	Student #	Qualification Code	Comprehensive remarks by Supervisor

C. RECOMMENDATIONS

	Recommended	Not Recommended	Signature	Date
HOD				
Director				
Executive Dean				