



FACULTY OF SCIENCE AND AGRICULTURE
CPASA FOR MASTERS AND DOCTORAL STUDENTS
APPENDIX A
MEMORANDUM OF UNDERSTANDING

Between

THE SUPERVISOR						
TITLE	INITIALS	SURNAME	FACULTY	SCHOOL	DEPT.	HIGHEST QUALIF.
AND THE CANDIDATE						
TITLE	INITIALS	SURNAME	STUDENT NUMBER		FOR THE DEGREE	

DECLARATION BY CANDIDATE

I have been presented with the following:

DOCUMENT	DATE RECEIVED
Record of your research and research Progress" with all relevant documents.	
Code of practice on the admission, supervision and examination of research students.	
Policy and Procedures on Postgraduate Research and Supervision.	
Code of Conduct for Research.	
Promoting Research Integrity and the Responsible Conduct of Research – A checklist.	
The University Calendar	
The School Calendar	
OTHER POLICIES AND PROCEDURES DOCUMENTS	DATE RECEIVED

I have read and understood the rules, regulations, codes and policies of the University and have discussed the general requirements of my research work, the work plan and the recommended courses and induction programmes with my supervisor. I understood and agreed to my obligations and responsibilities. I have read and understood the health and safety procedures of the University and have been advised of any particular hazards and precautions associated with my research work. I indemnify the University of all responsibility should anything happen to me, due to my own negligence, in the course of my research work. I agree that the University reserves the right to terminate my registration at any time should my conduct and progress not be satisfactory.

DECLARATION BY SUPERVISOR

I have met with the above named candidate, discussed with him/her the requirements and all relevant rules, regulations, procedures, codes and policies of the University and the roles and responsibilities of the supervisor. I agree to carry out my supervisory duties and responsibilities and will endeavour to keep a healthy, cordial and academic relationship with the student to ensure that s/he completes in the prescribed minimum/maximum time for the degree without compromising academic standards.

Duly signed:

Designation	Signature	Date
Supervisor		
Candidate		
HoD		
Director		
Executive Dean		