

UNIVERSITY OF LIMPOPO



ENROLMENT FOR POST-GRADUATE DIPLOMA OR HONOURS OR MASTERS OR DOCTORAL DEGREE

A PARTICULARS OF APPLICANT

Name :	Student no :
Postal Address :	Tel No : Home:
	Work :
	Cell :
E-mail address	

B INFORMATION REQUIRED FOR POST-GRADUATE DIPLOMA OR HONOURS DEGREE

1. TO BE COMPLETED BY STUDENT / FACULTY ADMIN OFFICE		
1.1	Bachelor's degree or equivalent qualification obtained	
1.2	Institution where Bachelor's degree or equivalent qualification obtained	
1.3	Duration of Bachelor's degree or equivalent qualification	
1.4	Years to complete Bachelor's degree or equivalent qualification	
1.5	Subject intended for post-graduate diploma or honours degree	
1.6	Final BSc or equivalent mark (or average of final marks) in subject	
1.7	<u>International students:</u> Bachelor's degree as graded by SAQA to be equivalent to a relevant B-degree from a South African university	
2. TO BE COMPLETED BY RELEVANT HEAD OF DEPARTMENT (Mark with X). Only one of the following to be completed		
Recommendation by the Head of the relevant Department who confirms that the applicant complies/not comply with all admission requirements as stipulated in the University General and Faculty Calendars	Recommended	
	*Conditional recommendation	
	*Not recommended	
DEPARTMENT:		
NAME AND SIGNATURE OF HEAD OF DEPARTMENT:		
DATE:		
*COMMENT:		

C. INFORMATION REQUIRED FOR MASTERS / DOCTORAL DEGREE

1. TO BE COMPLETED BY APPLICANT: History On Honours / Masters Degree Obtained				
1.1	Degree obtained			
1.2	University obtained from			
1.3	Major Subjects and symbol/percentage			
1.4	Dissertation title and percentages obtained			
2. TO BE COMPLETED BY APPLICANT: Contemplated degree				
2.1	Masters Degree			
2.2	Doctors Degree			
2.3	Faculty			
2.4	Discipline			
2.5	Field of Study			
2.6	Proposed title of dissertation/thesis			
3. TO BE COMPLETED BY RELEVANT DEPARTMENT: PARTICULARS OF SUPERVISORS (CV's of Supervisors /Co-supervisors must be attached, if not from the University)				
SUPERVISOR				
Name				
Qualification				
Present Position				
Institution				
CO-SUPERVISOR				
Name				
Qualification				
Present Position				
Institution				
4. PROTOCOL/PROPOSAL APPROVAL by Research, Ethical and Publications Committee (where applicable)				
REPC approval	Yes	No	Date	
5. POSTGRADUATE CONTRACT COMPLETED (where applicable)				
Contract Signed	HoD	Yes	No	Date:
	Student	Yes	No	Date:
	Dean/Director	Yes	No	Date:
6. TO BE COMPLETED BY RELEVANT HEAD OF DEPARTMENT				
Recommendation by the Head of the relevant Department who confirms that the applicant complies with all admission requirements as stipulated in the University General and Faculty Calendars			Recommended	
			*Conditional recommendation	
			*Not recommended	
NAME AND SIGNATURE OF HEAD OF DEPARTMENT:				
DEPARTMENT:			DATE:	
*COMMENT:				