## UP POSTDOCTORAL PROGRAMME

#### **(Please tick appropriate programme below)**

#### **FINAL REPORT**

|  |  |  |  |
| --- | --- | --- | --- |
| UP Postdoctoral Fellowship |  | UP Senior Postdoctoral Fellowship |  |

|  |
| --- |
| **Contact person:**  Ms Mpho Maithufi  Graduate Support Hub  Graduate Centre, Room 1-90  **Email**: [postdocs@up.ac.za](mailto:postdocs@up.ac.za)  **Tel:** 012 420 4023 |

# PARTICULARS OF THE GRANT HOLDER/RESEARCH LEADER

Title, initials and surname:

Department:

Faculty:

Email/Telephone:

1. **PARTICULARS OF THE POSTDOCTORAL FELLOW /RESEARCH FELLOW**

Title, initials and surname:

1. **REPORTING PERIOD**

Current year of study:

Date fellowship was awarded:

Date fellowship commenced:

**4. TITLE OF THE RESEARCH PROJECT**

# 5. Attainment of aims/OBJECTIVES

Refer to the aims/objectives as stated in the original application and briefly describe the extent to which they have been attained.

6. RESULTS AND OUTCOMES

Please ensure that outcome reported on emanate from the research conducted while supported by UP

**6.1** Refer to the projected outcomes, outputs and benefits as set out in the original application and give a description of the extent to which they have been attained, as well as any other progress that has been made, and other achievements.

**6.2 PUBLICATIONS**

(i) Peer-reviewed journals and articles

(ii) Journal articles in accredited journals

(iii) Technical reports and any other output

(iv) Books and/or chapters in books

**7. EVALUATION**

Provide your own evaluation of the progress made and the success accruing from the association**.**

# 8. DECLARATION BY THE GRANT HOLDER

*I hereby certify that the information in this form is correct and that all output emanating from this fellowship will be credited to the University of Pretoria.*

**SIGNATURE OF GRANT HOLDER**: …………………………………… **DATE**: …………………

# 9. RECOMMENDATION BY THE HEAD OF DEPARTMENT

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**NAME:** ……………………………………………………  **DATE:** …………………………………

**SIGNATURE:** ...............................................................…..

# 10. RECOMMENDATION BY THE DEPUTY DEAN, RESEARCH [FACULTY OF HEALTH SCIENCES ONLY]:

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**NAME:** …………………………………………………  **DATE:** ……………………………………

**SIGNATURE:** ...............................................................…..