UNIVERSITY OF PRETORIA

**FACULTY OF HEALTH SCIENCES**

**POSTGRADUATE CANDIDATE SUBMISSION FORM**

# ………… DEGREE STUDIES

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Encircle A or B:** | A | First submission (Without external examiners) | B | Second submission(With external examiners) |

### NB! ONLY TYPED FORMS WILL BE ACCEPTED 1/3/2017

1. **DETAILS OF CANDIDATE**

|  |  |
| --- | --- |
| **FIELD OF STUDY eg.PhD [Anat]** |  |
| **Title** |  |
| **Full Names and Surname** |  |
| **Student Number** |  |
| **Postal Address** |  |
| **Physical Address** |  |
| **Email Address** |  |
| **Cell phone No** |  |
| **Present Qualifications** |  |
| **Institution Qualifications obtained**  |  |
| **INTERNATIONAL STUDENT:****Attach SAQA Certificate** |  |

|  |  |  |
| --- | --- | --- |
| 2. | **TITLE** |  |

|  |  |  |
| --- | --- | --- |
| 3. | **AMENDED TITLE** |  |

**4. SUPERVISOR**

|  |  |
| --- | --- |
| **Title** |  |
| **Full Names and Surname** |  |
| **UP Persal No** |  |
| **Postal Address** |  |
| **Physical Address** |  |
| **Email Address** |  |
| **Cell phone No** |  |
| **Highest Qualification** |  |
| **Institution Qualifications obtained**  |  |

**5. CO-SUPERVISOR (A):**

|  |  |
| --- | --- |
| **Title** |  |
| **Full Names and Surname** |  |
| **UP Persal No** |  |
| **Postal Address** |  |
| **Physical Address** |  |
| **Email Address** |  |
| **Cell phone No** |  |
| **Highest Qualification** |  |
| **Institution Qualifications obtained**  |  |

**6. INTERNAL EXAMINERS**

 **Note: *The name must not be made known to the candidate***

|  |  |
| --- | --- |
| **Title** |  |
| **Full Names and Surname** |  |
| **UP Persal No** |  |
| **Postal Address** |  |
| **Physical Address** |  |
| **Email Address** |  |
| **Cell phone No** |  |
| **Highest Qualification** |  |
| **Institution Qualifications obtained**  |  |

|  |  |
| --- | --- |
| **Title** |  |
| **Full Names and Surname** |  |
| **UP Persal No** |  |
| **Postal Address** |  |
| **Physical Address** |  |
| **Email Address** |  |
| **Cell phone No** |  |
| **Highest Qualification** |  |
| **Institution Qualifications obtained**  |  |

**7. EXTERNAL EXAMINER (A)**

 **Note: *The name must not be made known to the candidate***

|  |  |
| --- | --- |
| **Title** |  |
| **Full Names and Surname** |  |
| **ID No** |  |
| **Postal Courier Address** |  |
| **Physical Address** |  |
| **Email Address** |  |
| **Cell phone No** |  |
| **Highest Qualification** |  |
| **Institution Qualification obtained**  |  |

**7. EXTERNAL EXAMINER (B) NONE**

 **Note: *The name must not be made known to the candidate***

|  |  |
| --- | --- |
| **Title** |  |
| **Full Names and Surname** |  |
| **ID No** |  |
| **Postal Address** |  |
| **Physical Courier Address** |  |
| **Email Address** |  |
| **Cell phone No** |  |
| **Highest Qualification** |  |
| **Institution Qualification obtained**  |  |

**7. MAIN SUBJECT (Passed)**  **8. SUBSIDIARY SUBJECTS (Passed)**

…………….…………………..[e.g. ANA 877 en 890] TNM 800: Passed

1. **RECOMMENDATION AND APPROVAL**

…………………………………………………………… …………………………………….………………

**RECOMMENDED: HEAD OF DEPARTMENT** **DATE**

………………………………………………………………… …………………………………….………………

#### APPROVED: CHAIRPERSON RESEARCH AND DATE

#### POSTGRADUATE COMMITTEE

…………………………………………………………………. ………………………………………..…………

#### APPROVED: DEAN DATE

**THE FOLLOWING DOCUMENTATION MUST ACCOMPANY THIS FORM:**

**First submission –** *for title and supervisor approval* **(**submit at same time with protocol for school review)

* A **protocol** in line with SOHCS criteria
* A **declaration** by the candidate stating precisely what his/her contribution will be to the proposed research, and if applicable, what research will be done by somebody else.
* **Confirmation** by the Head of Department that **adequate funding** is available.
1. **PROTOCOL**
* Title
* Introduction / hypothesis
* Literature study
* Purpose of investigation / research
* Research procedure
* Choice of research and subject and/or subject
* Type of study
* Material and methods
* Collection of data
* Logistics
* Data processing
* Pilot study
* Special requirements
* Financing
* Reporting
* Literature references
1. **SHORT CV of ( only with first submission)**
* Candidate
* Promoter and Co-promoter(s)
* External Examiners
1. **DECLARATION (WRITTEN) (only with first submission)**
2. A declaration by the candidate, on the MEMORANDUM OF UNDERSTANDING document stating what his/her contribution will be regarding the proposed research, and which, if applicable, will be done by somebody else. There is also a declaration of commitment by the department and student. The document is available on the web at:

<http://web.up.ac.za/sitefiles/file/1517/1572/acadmin/webreg/memou2010finpgrad.pdf>

1. Confirmation by the Head of Department that adequate funding is available.
2. A report by a statistician, approving the data assimilation component of the protocol.

**SECOND SUBMISSIO**N (*For Examiner approval* – **submit forms 6 months before student submits for exams**)

* COMPLETED POSTGRADUATE SUBMISSION FORM WITH EXAMINER DETAILS AND FULL CVs ATTACHED.
* **ETHICAL APPROVAL**

Approval must be obtained from the Ethics Commission, Faculty of Health Sciences Research.