UNIVERSITY OF PRETORIA

**FACULTY OF HEALTH SCIENCES**

# MASTERS DEGREE STUDIES

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Encircle A or B:** | A | First submission | B | Second submission |

### NB! ONLY TYPED FORMS WILL BE ACCEPTED

**1. DETAILS OF CANDIDATE: STUDENT NO:**

Title, Initials and Surname:

Address:

Postal Code: Telephone: (H) (W)

Present Qualifications and where obtained

Field of Study: MSc ( )e.g. MSc [Anat]

1. **TITLE/AMENDED TITLE OF DISSERTATION (Delete if not applicable):**
2. **SUPERVISOR: Title, Initials, Surname, Highest Qualification, Department/Division, Institution**

4. **CO-SUPERVISOR(S): Title, Initials, Surname, Highest Qualification, Department/Division, Institution**

**5. MAIN SUBJECT:**  **8. SUBSIDIARY SUBJECTS (Passed)**

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

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#### APPROVED: CHAIRPERSON MSc COMMITTEE DATE

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#### APPROVED: DEAN DATE