PhD TITLE FORM

UNIVERSITY OF PRETORIA

**FACULTY OF HEALTH SCIENCES**

# DOCTORAL DEGREE STUDIES

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

### 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: PhD ( )e.g. PhD [Anat]

1. **TITLE/AMENDED TITLE OF DISSERTATION (Delete if not applicable):**
2. **SUPERVISOR: Title, Initials, Surname, Highest Qualification**
3. **DEPARTMENT/DIVISION:**

4. **CO-SUPERVISOR(S): [Highest Qualification and where obtained, as well as address(es) and attach short CV]**

|  |  |  |
| --- | --- | --- |
|  |  | 1. Postal address:………………………..   Tel no:…………………………………..  E-mail address:………………………..  ………………………………………….. |

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

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

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

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#### APPROVED: CHAIRPERSON PhD COMMITTEE DATE

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#### APPROVED: DEAN DATE

##### SEE OVERLEAF OF THIS FORM FOR DOCUMENTATION REQUIRED

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

* A **protocol** - see format of protocol below
* A **declaration** by the candidate, on the MEMORANDUM OF AGREEMENT document stating what his/her contribution will be regarding the proposed research, and which, if applicable, will be done by somebody else.
* **Confirmation** by the Head of Department that **adequate funding** is available.
* A report by a **statistician**, approving the data assimilation component of the protocol.
* Short CV’s of candidate, supervisor and co-supervisor(s)

**FORMAT OF PROTOCOL**

* Title page
* Executive Summary
* Table of Contents
* Background/Literature Review and Research Problem
* Hypothesis/Aim and Objectives
* Methods & Materials
* Data Management and Analysis
* Ethical and Legal Considerations
* Logistics, time schedule and action plan
* Budget/Resources
* Reporting of results
* References
* Appendices (If applicable)

Send an electronic copy to the secretary of the PhD committee; email address [Franco.Meintjes@up.ac.za](mailto:Franco.Meintjes@up.ac.za).

For any queries; the contact telephone numbers are; 012 354 4513 or physical address is, Steve Biko Academic Hospital, Floor 5, Bridge C, Room 51238.