

**FACUTLY OF HEALTH SCIENCES**

**APPROVAL OF SUPERVISORS**

Instructions:

* Completed electronically by supervisor
* Submit to the Faculty Postgraduate Studies Committee Meeting (FPGSC)

|  |  |
| --- | --- |
| **STUDENT DETAILS** | |
| Student Surname and Initials: |  |
| Student Number: |  |
| Qualification: |  |
| Title of Study: |  |

|  |  |
| --- | --- |
| **DETAILS OF SUPERVISOR** | |
| Surname, Initials and Title: |  |
| Department: |  |
| Telephone Number(s): |  |
| E-mail Address: |  |
| Physical Address: *(to which documents will be couriered)* |  |
| The appointment of the supervisor has been done in accordance with the relevant NMMU Policies regarding pre-existing relationships and upholds academic integrity  *(please tick one)* | Yes  No |
| The appointed supervisor meet the requirements of professional body  *(please tick one)* | Yes  No  Not applicable |

|  |  |
| --- | --- |
| **DETAILS OF CO-SUPERVISOR 1** | |
| Surname, Initials and Title: |  |
| Department: |  |
| Telephone Number(s): |  |
| E-mail Address: |  |
| Physical Address: *(to which documents will be couriered)* |  |
| The appointment of the supervisor has been done in accordance with the relevant NMMU Policies regarding pre-existing relationships and upholds academic integrity  *(please tick one)* | Yes  No |
| The appointed supervisor meet the requirements of professional body  *(please tick one)* | Yes  No  Not applicable |

|  |  |
| --- | --- |
| **DETAILS OF CO-SUPERVISOR 2** | |
| Surname, Initials and Title: |  |
| Department: |  |
| Telephone Number(s): |  |
| E-mail Address: |  |
| Physical Address: *(to which documents will be couriered)* |  |
| The appointment of the supervisor has been done in accordance with the relevant NMMU Policies regarding pre-existing relationships and upholds academic integrity  *(please tick one)* | Yes  No |
| The appointed supervisor meet the requirements of professional body  *(please tick one)* | Yes  No  Not applicable |

|  |  |
| --- | --- |
| **DETAILS OF CO-SUPERVISOR 3** | |
| Surname, Initials and Title: |  |
| Department: |  |
| Telephone Number(s): |  |
| E-mail Address: |  |
| Physical Address: *(to which documents will be couriered)* |  |
| The appointment of the supervisor has been done in accordance with the relevant NMMU Policies regarding pre-existing relationships and upholds academic integrity  *(please tick one)* | Yes  No |
| The appointed supervisor meet the requirements of professional body  *(please tick one)* | Yes  No  Not applicable |

|  |  |
| --- | --- |
| **DETAILS OF EXTERNAL SUPERVISORS** | |
| Surname, Initials and Title: |  |
| Institution currently employed: |  |
| Telephone Number(s): |  |
| E-mail Address: |  |
| Postal Address: |  |
| Physical Address: *(to which documents will be couriered)* |  |
| Are any of the appointed considered external supervisor(s) as per the NMMU Policy?  *(please tick one)* | Yes  No |
| If *YES* kindly state financial arrangements made for remuneration of external supervisor |  |

|  |  |
| --- | --- |
| **DETAILS OF EXTERNAL CO - SUPERVISORS** | |
| Surname, Initials and Title: |  |
| Institution currently employed: |  |
| Telephone Number(s): |  |
| E-mail Address: |  |
| Postal Address: |  |
| Physical Address: *(to which documents will be couriered)* |  |
| Are any of the appointed considered external supervisor(s) as per the NMMU Policy?  *(please tick one)* | Yes  No |
| If *YES* kindly state financial arrangements made for remuneration of external supervisor |  |

|  |
| --- |
| **SIGNATURES** |

**SUPERVISOR CO-SUPERVISOR**

Name & Surname: Name & Surname:

Date: Date:

Signature: …………………………… Signature: ……………………………

**HEAD OF DEPARTMENT DIRECTOR OF SCHOOL**

Name & Surname: Name & Surname:

Date: Date:

Signature: …………………………… Signature: ……………………………

**FACULTY POSTGRADUATE STUDIES COMMITTEE FPGSC RESOLUTION NUMBER**

Name & Surname: Prof I Truter

Date: FPGSCH17.……………………….

Signature: ……………………………