

Faculty of Health Sciences

Caring for tomorrow

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POSTGRADUATE STUDIES APPLICATION FORM

DEPARTMENT OF PHARMACY

NELSON MANDELA UNIVERSITY

YOUR NAME:

DEGREE YOU WANT TO ENROL FOR:

Part-time / Full-time (please circle)

PROPOSED TITLE FOR YOUR STUDY:

.....

If you have been in contact with any staff member(s)/potential supervisor(s), please provide their name(s):

.....

Explain briefly your intended study under the following headings:

- Introduction/Background
- Problem statement
- Primary aim and objectives
- Research methodology
- Proposed timeframe

Attach to this form an updated copy of you comprehensive curriculum vitae and your FULL academic record and email to pharmacy.research@mandela.ac.za

Signature

Date

NB: Please make sure that you also submit an online application through <https://apps.mandela.ac.za/e-portal> to be processed by the faculty.