

Application for Admission to Post-graduate Studies in 20.....

STUDENT NUMBER

1. A candidate wishing to register for the first time at the Nelson Mandela University must please complete an application form for admission to the University as well as this form, and submit them together with the following:
 - (i) a certified copy of your degree and/or diploma certificates;
 - (ii) a complete academic record(s) issued by the previous university(ies)
2. The enclosed information for candidates for Honours or Masters' and Doctors' degrees must be read carefully. Please retain it for future

A. Field of study

1. Degree/Diploma (e.g. M.A.): (Indicate choices)

1st

2nd

3rd

2. Department (e.g. History)

.....

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3. Type of proposed registration (indicate with an x)

1. Full-time 2. Part-time

4. Proposed title of treatise/dissertation/thesis (If a treatise/dissertation/thesis is required to obtain the degree):

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B. Your name and address to which correspondence must be directed

| | | | |
|----------------------------------|--------------------|---------------------------|------|
| 1. First Names (in full): | | | |
| 2. Surname: | | | |
| 3. Title: | 4. Initials | 5. E-mail address: | |
| 6. Address | 7. Tel: | Code: | No.: |
| | | Code: | No.: |
| | | Cell: | |
| | | (W) | |
| | | (H) | |

C. Academic particulars: Degrees/Diplomas already obtained

| | Year | Degree or Diploma | University/College |
|----|------|-------------------|--------------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |

I have read the enclosed information for post-graduate students.

Signature of Applicant:

Date:

For Office Use Only

D. Recommendation of Head of Department

1. Recommended Not Recommended

Qualification: Offering type (part time or full time):

2. Recommended supervisor/promoter

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Recommended supervisor/promoter

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3. Must the staff credit in respect of this candidate be distributed between two (or more) departments? (if applicable)

Yes No

If yes, please indicate the departments and distribution

Departments

Distribution %

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.....
.....

Signature:

Date:

FAB 150 (2)
Nelson Mandela University 696 (12/04)

Please indicate the reason for non-approval if the applicant was unsuccessful.

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