**FACULTY POSTGRADUATE STUDIES COMMITTEE (HEALTH SCIENCES)**

**STUDENT’S CHECKLIST FOR PROPOSAL SUBMISSIONS**

|  |  |
| --- | --- |
| Student name and Surname |  |
| Student number |  |
| Title of study |  |
| **DOCUMENTS REQUIRED FOR SUBMISSION TO FPGSC MEETING** * Only electronic submission will be required (no more hard copies)

Proposal documents: Proposal, REC-H Form (signed by PI, PRP and the Head of Department), Departmental Evaluation form or Extracts of Departmental Research Meeting and Appendices (if any). Please e-mail the electronic copy of the proposal documents to Marilyn.Afrikaner@mandela.ac.za and Elizabeth.Maqhubu@mandela.ac.za * Submit this checklist with the electronic copy of the proposal documents
 |
| **CLOSING DATES FOR FPGSC AGENDA ITEMS FOR 2018:** |
| 29 Feb | 23 April | 2 July  | 6 August  | 10 Sept | 8 Oct | 5 Nov |
| **MEETING DATES FOR FPGSC 2018:** |
| 15 Mar | 11 May | 20 July | 23 Aug | 27 Sept | 25 Oct | 23 Nov |

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| ***PROPOSAL***  | **Mark X if completed** |
| Check Title are the same on all the documents (Proposal, REC-H form and Departmental Evaluation form) |  |
| Is the qualification name and student number indicated on the cover page |  |
| Supervisor and Co-Supervisor/s indicated on cover page |  |
| In terms of the Faculty M&D Guidelines a proposal should meet the following criteria:* Master’s degrees at least 10-15 pages
* Doctoral degrees at least 15-20 pages excluding the Title page, Table of Contents, References and any relevant annexures/REC-H form
 |  |
| ***REC-H FORM***  | **Mark X if completed** |
| Check that all information is correct (ESPECIALLY the title; it must be the same as the one on your proposal) |  |
| Check commencement date of data collection (must be **after** FPGSC & REC-H meeting dates (not before)  |  |
| Check that the PRP’s initial is on the bottom right corner of each page  |  |
| Check that PRP (Supervisor) signed  |  |
| Check that PI/Researcher signed  |  |
| Check that Head of Department signed |  |
| ***DEPARTMENTAL EVALUATION FORM***  | **Mark X if completed** |
| Check that information is correct (ESPECIALLY the title must the same as the one on your proposal) |  |
| Check that PI/Researcher signed  |  |
| Check that Head of Department signed |  |
| **INCOMPLETE DOCUMENTATION WILL NOT BE ACCEPTED**  |

Student signature: …………………………… Supervisor signature: …………………………........

Date: …………………………….. Date:

Head of Department signature: …………………………………………………………………………….

Date: …………………………….

Yours in research: FPGSC Secretariat (Health Sciences)

Marilyn Afrikaner Tel nr: 041 504 2956 E-mail: Marilyn.Afrikaner@mandela.ac.za

Elizabeth Maqhubu Tel nr. 041 504 4020 E-mail. Elizabeth.Maqhubu@mandela.ac.za

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**FACULTY OF HEALTH SCIENCES FACULTY POSTGRADUATE STUDIES COMMITTEE**

**DEPARTMENTAL FINAL RESEARCH PROPOSAL EVALUATION FORM**

This evaluation form must be completed by the supervisor and the Head of the Department.

All proposal documents (Proposal, Appendices and REC-H form) must please be submitted electronically to Ms Afrikaner (Marilyn.Afrikaner@mandela.ac.za) and Ms Maqhubu (Elizabeth.Maqhubu@mandela.ac.za) by the deadline for agenda items. The REC-H form must be signed by the PI, PRP (supervisor) and Head of Department.

**CANDIDATE**: **STUDENT NUMBER**:

**DEGREE**:

1. **DISSERTATION/TREATISE/THESIS TITLE:**

 **Comment on research title:**

2. **RESEARCH PROBLEM/THEME:**

(Please comment on the relevancy of the proposed research project/theme within the Department's/Faculty's research program; delineation of research field; problem formulation; formulation of and feasibility of research objectives; formulation of hypotheses/research questions where applicable.)

3. **RESEARCH METHODOLOGY:**

(Please comment on the identification of target population/sample; choice of and design of relevant measuring instruments; implementation of validity, reliability and ethical principles; data collecting methods; choice of methods for systematising, analysing and presenting data; manner in which research results will be disseminated.)

4. **SUBMISSION TO NMMU HUMAN ETHICS COMMITTEE:**

(Please indicate whether your Department has recommended that the approval of the Nelson Mandela Human Ethics Committee should be sought. If applicable please indicate the date of this submission.)

5. **WORK AND TIME SCHEDULES:**

 (Please comment on the feasibility)

6. **BUDGET:**

 (Please comment on the feasibility)

7. **DEPARTMENTAL RESEARCH COMMITTEE COMMENTS/RECOMMENDATIONS:**

 (Please attach extracts of minutes where the proposal served at the departmental research committee. The supervisor needs to please confirm that all the departmental corrections have been attended to.)

8. **RECOMMENDATION OF SUPERVISOR:**

The final research proposal is: **Mark appropriate block**

|  |  |
| --- | --- |
| 8.1 Accepted unconditionally |  |
| 8.2 Provisionally accepted |  |
| 8.3 Not accepted |  |

Motivate in the case of 7.2 and 7.3.

9. **LANGUAGE EDITING**

Was the proposal language edited? YES: NO:

If yes, please provide name of editor:

10. Confidentiality agreement required: YES: NO:

…………………………………………………………. …………………….....

Signature: Date

**Supervisor**

11. **RECOMMENDATION OF HEAD OF DEPARTMENT:**

Signature Date

**Head of Department**

12. **COMMENTS AND RECOMMENDATIONS BY THE FACULTY POSTGRADUATE STUDIES COMMITTEE (FPGSC):**

Signature Date

**FPGSC Chairperson**