

**FACUTLY OF HEALTH SCIENCES**

**APPROVAL OF SUPERVISORS**

Instructions:

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

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

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| **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 [ ]   |

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| **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 [ ]   |

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| **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 [ ]   |

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| **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 [ ]   |

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| **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 |  |

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| **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 |  |

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| **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: ……………………………