

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



1. A candidate wishing to register for the first time at the Nelson Mandela Metropolitan 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 reference.

Student Number:

<p>A. FIELD OF STUDY</p> <p>1. DEGREE/DIPLOMA (e.g. M.A.): (Indicate choices)</p> <p>1st</p> <p>2nd</p> <p>3rd</p> <hr/> <p>2. DEPARTMENT (e.g. History)</p> <p>.....</p> <p>.....</p> <hr/> <p>4. PROPOSED TITLE OF TREATISE/DISSERTATION/THESIS (If a treatise/dissertation/thesis is required to obtain the degree):</p> <p>.....</p> <p>.....</p> <p>.....</p>	<p>3. TYPE OF PROPOSED REGISTRATION: (Indicate with an X)</p> <p>1. Full-time <input type="checkbox"/></p> <p>2. Part-time <input type="checkbox"/></p>
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B. YOUR NAME AND ADDRESS TO WHICH CORRESPONDENCE MUST BE DIRECTED:		E-mail address:
1. TITLE:	2 INITIALS:	2. SURNAME:
4. FIRST NAMES (in full):		
5. ADDRESS:		6. TEL.: Code: No.: (W)
		Code: No.: (H)
		Cell:

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. * <input type="checkbox"/>	RECOMMENDED <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NOTRECOMMENDED <input type="checkbox"/>	<input type="checkbox"/>
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2. RECOMMENDED SUPERVISOR/PROMOTER

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RECOMMENDED JOINT 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:

* Indicate with an X