

**SELECT APPROPRIATE FACULTY**

**APPROVAL OF EXAMINATION PANEL**

Instructions:

* Completed electronically by supervisor
* Submit to Faculty Officer

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| **STUDENT DETAILS** | |
| Student Surname and Initials: |  |
| Student Number: |  |
| Qualification: |  |
| Title of Study: |  |
| Is this a Treatise  Dissertation  Thesis | |
| If Treatise, kindly indicate % |  |
| Is a Non-Disclosure Agreement required? | Yes  No |

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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)* |  |

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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)* |  |

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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)* |  |

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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)* |  |

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| **DETAILS OF EXAMINER 1** | |
| Surname, Initials and Title: |  |
| Department: |  |
| Telephone Number(s): |  |
| E-mail Address: |  |
| Postal Address: |  |
| Physical Address: *(to which documents will be couriered)* |  |
| Academic Qualifications: |  |
| Professional Qualifications: |  |
| Is the examiner currently a registered student at NMMU? | Yes  No |
| Is the examiner currently engaged in student supervision at NMMU? | Yes  No |
| The appointed examiner meets the requirements of professional body | Yes  No  Not Applicable |
| Has the cooling off period as per the policy been adhered to? | Yes  No  Not Applicable |
| Does the examiner have past experience in postgraduate supervision? | Yes  No |

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| **DETAILS OF EXAMINER 2** | |
| Surname, Initials and Title: |  |
| Department: |  |
| Telephone Number(s): |  |
| E-mail Address: |  |
| Postal Address: |  |
| Physical Address: *(to which documents will be couriered)* |  |
| Academic Qualifications: |  |
| Professional Qualifications: |  |
| Is the examiner currently a registered student at NMMU? | Yes  No |
| Is the examiner currently engaged in student supervision at NMMU? | Yes  No |
| The appointed examiner meets the requirements of professional body | Yes  No  Not Applicable |
| Has the cooling off period as per the policy been adhered to? | Yes  No  Not Applicable |
| Does the examiner have past experience in postgraduate supervision? | Yes  No |

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| **DETAILS OF EXAMINER 3** | |
| Surname, Initials and Title: |  |
| Department: |  |
| Telephone Number(s): |  |
| E-mail Address: |  |
| Postal Address: |  |
| Physical Address: *(to which documents will be couriered)* |  |
| Academic Qualifications: |  |
| Professional Qualifications: |  |
| Is the examiner currently a registered student at NMMU? | Yes  No |
| Is the examiner currently engaged in student supervision at NMMU? | Yes  No |
| The appointed examiner meets the requirements of professional body | Yes  No  Not Applicable |
| Has the cooling off period as per the policy been adhered to? | Yes  No  Not Applicable |
| Does the examiner have past experience in postgraduate supervision? | Yes  No |

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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: ……………………………

**FAC PGSC CHAIR FAC PGSC RESOLUTION NUMBER**

Name & Surname:

Date: …………………………………………….

Signature: ……………………………