

**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: ……………………………