



**UNIVERSITY OF
ZULULAND**

RESTRUCTURED FOR RELEVANCE

PGRD2

Student Number
(If available)

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APPLICATION FOR ACADEMIC ADMISSION TO POSTGRADUATE STUDIES

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A candidate wishing to register for the first time at the University must complete an application form for admission to the University ADMO1 as well as this form PGRD2, and submit them together with the following:

- (i) a certified copy of your ID/Passport/study permit
- (ii) a certified copy of your degree and/or diploma certificates;
- (iii) a complete academic record(s) issued by the previous university(ies)

Candidates for Honours or Master's and Doctoral degrees must carefully read the information enclosed on the application form for admission (ADM01).

NB: If the HoD holds the view (a) that the candidate meets the minimum academic requirements for admission and has the necessary academic maturity to enroll for the degree, (b) that the proposed topic is suitable and (c) that supervision capacity and other resources exist in the Department, the HOD will request the candidate to submit a Statement of Intent.

RENEWAL OF REGISTRATION

Registration is not automatic, all postgraduate students are required to renew their registration annually. If your studies went beyond the prescribed duration, you will have to start your registration from scratch, that is i.e. start from the application process to the approval of your admission and registration.

A. FIELD OF STUDY

DEGREE (e.g. MSc) _____	OFFERING TYPE (Mark with an X) I. FullTime <input type="checkbox"/> II. PartTime <input type="checkbox"/>
DEPARTMENT (e.g.) Computer Science)	

B. PROPOSED TITLE OF THE MASTER'S DISSERTATION /DOCTORAL THESIS:

C. WERE YOU PREVIOUSLY REGISTERED AT UNIZULU? (Indicate with an X):

YES

NO

D. EXPECTED DATE OF COMPLETION _____

YOUR NAME AND ADDRESS TO WHICH CORRESPONDENCE MUST BE DIRECTED:	E-mail address:
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TITLE:	INITIALS:	FIRST NAME:
SURNAME:		
ADDRESS:		
	POSTAL CODE:	TEL:
		CELL:

E. ACADEMIC PARTICULARS

DEGREES/DIPLOMAS ALREADY OBTAINED

Year	Degree or Diploma	University/College
1. _____		
2. _____		
3. _____		
4. _____		

I HAVE READ THE ENCLOSED INFORMATION FOR POSTGRADUATE STUDENTS

Signature of Applicant:	Date:
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F. RECOMMENDATION OF HEAD OF DEPARTMENT

RECOMMENDED:	NOT RECOMMENDED:
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2. RECOMMENDED SUPERVISOR:	RECOMMENDED CO SUPERVISOR: (if any)
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2. Signature	Date::
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