**Application for Registration for PhD studies in the Faculty of Medicine and Health Sciences**

**Name of Applicant:**

|  |
| --- |
|  |

**Department/ Division/ Centre:**

|  |
| --- |
|  |

**PhD in:**

|  |
| --- |
|  |

**UT/Student number (if available):**

|  |
| --- |
|  |

**Contact Details:**

|  |
| --- |
| **email:**  **phone:** |

Place a **√ in ONE** of the following OPTIONS indicating your choice:

|  |
| --- |
| **OPTION A:**  [Application available throughout the year, but final registration will take place only from:    **1 January to 31 March a**nd from  **1 June to 31 August** of any given year]  **PLEASE REFER TO THE REVIEW PROCESS INSTRUCTIONS FOR LIST OF DOCUMENTS REQUIRED**  I hereby submit my full application - and proof of payment - for consideration for registration for PhD studies in the Faculty of Medicine and Health Sciences, and I declare that I accept that:   1. I may register immediately after the Review Process OR after I receive Ethics Approval. 2. The approval process may take three (3) to six (6) months before it is complete, depending on the level of risk of the study as well as modifications required. 3. That I may be required to make amendments/modifications regularly, and agree to do so timeously in order that the process is not delay. 4. That the protocol may be rejected if it does not fulfil the prerequisites of this Faculty, or if I fail to address the concerns of the CPR or Ethics Committee, if applicable, and that I will in such a case not be registered for PhD studies. |

|  |
| --- |
| **Name of proposed supervisor(s):**  **Signature of proposed supervisor(s):** |

|  |
| --- |
| **Name of HoD:**  **Signature of HoD:** |

|  |
| --- |
| **Applicant’s signature:**  **Date:** |

|  |
| --- |
| **OPTION B:**  [Application available **ONLY** from **1 January to 31 March** and from **1 June to 31 August** of any given year]  I hereby declare:   1. That I wish to be registered immediately for PhD studies in the Faculty of Medicine and Health Sciences. 2. That to enable the University to do this, I hereby attach:  * Completed FORM A1 * Approval from the relevant Head of Department/Division/Centre supporting the application * Curriculum vitae of applicant and external supervisor(s) * A completed and signed Stellenbosch University Postgraduate Application form (Please note that this is NOT FORM A1) * Proof of payment of R100-00 application fee (not applicable to international students who are required to pay annual fees before they may be registered) * Recently certified academic credentials, records and certificates * Certified copy of the passport for international students * MoU and * The completed and signed Non-Disclosure Agreement  1. That I will complete other relevant details on this form as required. 2. That I understand that I have to pay the applicable registration fees. 3. That I understand that I have to submit a full application for PhD WITHIN SIX (6) MONTHS of date of registration. 4. That I will follow the Review process as for OPTION A once I have completed the proposal. 5. That I understand that I can register through OPTION B only once, and that if I fail to submit the full application as required in (7) above, my registration will be discontinued. In such a case I may be allowed to apply for registration again only under OPTION A, and only if the Department/Division/Centre and supervisor(s) recommend this.   **IF YOU CHOOSE THIS OPTION PLEASE COMPLETE THE DETAILS BELOW:** |

COMPLETE THE DETAILS BELOW **ONLY** IF YOU SELECTED **OPTION B**

**Title of the Proposed Study:**

|  |
| --- |
|  |

**Summary of the Proposed Study (20-30 lines):**

|  |
| --- |
|  |

**Proposed Department/ Division/ Centre:**

|  |
| --- |
|  |

**Motivation by Supervisor:**

|  |
| --- |
|  |

**Declaration by Departmental Chair and Supervisor:**

We hereby grant permission that

|  |
| --- |
| (student’s name and surname) |

may register as a Doctoral candidate for the programme

|  |
| --- |
| in \_\_\_\_\_\_\_ (year) |

**Name of proposed supervisor**:

|  |
| --- |
|  |

**Signature of proposed supervisor**:

|  |
| --- |
|  |

**Name of HoD**:

|  |
| --- |
|  |

**Signature of HoD**:

|  |
| --- |
|  |

**Applicant’s Signature**:

|  |
| --- |
|  |

**Date**:

|  |
| --- |
|  |