

**Application for Conversion from Master’s to PhD in the   
Faculty of Medicine and Health Sciences**

**Student number:**

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**Title and Surname of Applicant:**

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**Applicant full names as on ID:**

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**Applicant Email: Applicant Phone:**

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**Name of PhD programme as per yearbook:**

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**Proposed main internal supervisor:**

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**Academic environment:**

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| **CONVERSION FROM RESEARCH MASTER’S TO PHD**  Application until **30 November of any year.**  I hereby submit my full application for consideration for upgrade from master’s to PhD studies in the Faculty of Medicine and Health Sciences, and I declare that I accept that:   1. A Review Panel, the Committee for Postgraduate Research (CPR) and the relevant Ethics Committee have to approve the proposed study. 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 to not delay the process. 4. That the protocol may be rejected if it does not fulfil the prerequisites of the 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. 5. That I may need to make a further Ethics Renewal/ application once my application is accepted   Applicant’s signature:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Title of the Proposed Study:**

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**\*Attach Synopsis to application**

**Motivation by Supervisor:**

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**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**

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**Name of HoD**: **Signature of HoD**:

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**Applicant’s Signature**: **Date**:

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