

CANDIDATE'S PERSONAL INFORMATION

NAME & SURNAME:

SU APPLICATION ID: /

SU STUDENT NUMBER (if previously enrolled at SU)

EMAIL: CONTACT NUMBER:

ADDRESS:

TERTIARY QUALIFICATIONS

QUALIFICATION (1): YEAR COMPLETED:

INSTITUTION:

QUALIFICATION (2): YEAR COMPLETED:

INSTITUTION:

QUALIFICATION (3): YEAR COMPLETED:

INSTITUTION:

PROGRAMME DETAILS

PROGRAMME: Electrical Electronic

COMMENCEMENT: FULL-TIME
(month and year) PART-TIME

PROPOSED TOPIC:

SUPERVISION INFORMATION

SUPERVISOR: *must be from Department of E&E*

TITLE: NAME & SURNAME:
HIGHEST QUALIFIC: % SUPERVISION

CO-SUPERVISOR 1:

TITLE: NAME & SURNAME:
HIGHEST QUALIFIC: % SUPERVISION

(Only complete if not from Department of E&E)

AFFILIATION:
CONTACT NUMBER: EMAIL:

CO-SUPERVISOR 2:

TITLE: NAME & SURNAME:
HIGHEST QUALIFIC: % SUPERVISION

(Only complete if not from Department of E&E)

AFFILIATION:
CONTACT NUMBER: EMAIL:

CHECKLIST

A **complete academic history** is attached.
(academic transcript and degree certificate for **each qualification awarded**)

SIGNATURES

CANDIDATE:	<input type="text"/>	SUPERVISOR:	<input type="text"/>
DATE:	<input type="text"/>	DATE:	<input type="text"/>
SIGNATURE:	<input type="text"/>	SIGNATURE:	<input type="text"/>
CO-SUPERVISOR 1:	<input type="text"/>	CO-SUPERVISOR 2:	<input type="text"/>
DATE:	<input type="text"/>	DATE:	<input type="text"/>
SIGNATURE:	<input type="text"/>	SIGNATURE:	<input type="text"/>

RECOMMENDATION BY THE DEPARTMENT

(for office use only)

The Departmental Management Committee approves the MEng application.

DEPT. CHAIR:
DATE:
SIGNATURE:

CONDITIONALLY ADMITTED