

## AMENDMENT OR NEW APPOINTMENT OF SUPERVISOR(S) FOR HIGHER DEGREE CANDIDATES

1. STUDENT INFORMATION		
Title, initials and surname		
Student number		
Year first registered	Programme	
Title of thesis/dissertation		
2. APPROVED SUPERVISOR(S) I Supervisor	NFORMATION	
Title, initials and surname		
Email address		
Department		
Occupation/Institution [if external]		
Co-supervisor		
Title, initials and surname		
Email address		
Department		
Occupation/Institution [if external]		
	ors must have a Master's ctoral degree to supervise	s degree to supervise MA students. e PhD students. At least one of the SU.
Title, first name & surname		
Primary email address		
Secondary email address		
Mobile number (with country code)		
Department		
Occupation/Institution [if external]		
Highest qualification obtained (Please specify degree and		_

subject)

## Co-supervisor 1

Title, first name & surname		
Primary email address		
Secondary email address		
Mobile number (with country		
code)		
Department		
Occupation/Institution [if external]		
Highest qualification obtained		
(Please specify degree and		
subject)		
Co-supervisor 2		
Title, first name & surname		
Primary email address		
Secondary email address		
Mobile number (with country		
code)		
Department		
Occupation/Institution [if external]		
Highest qualification obtained		
(Please specify degree and		
subject)		
Motivation for the		
amendment or new appointment of supervisor(s)		
appointment of supervisor(s)		
Signature of Department		 Dato
Signature of Departmental Chair		Date
F <del>T</del> 1		 •

[This completed and signed form must be emailed to <a href="mailto:fasscomm@sun.ac.za">fasscomm@sun.ac.za</a>.]