

Student-Supervisor Memorandum of Understanding

Student Information	
Name of student*	
Student number*	
Telephone number*	
Email address*	
Supervisor Information	
Name of supervisor*	
Telephone number*	
Email address*	
Co-supervisor Information	
Name of co-supervisor	
Telephone number	
Email address	
The signatures below confirm that all parties agree to the expectations and research timesupervisor(s) when drawing up this MoU. Additionally with this signed MoU form:	under Postgraduate qualifications, and elines discussed by the student and
Signatures	Date
Student*	
Supervisor*	
Co-supervisor	
Other	

^{*}Required fields. Note that once a signature is inserted and the document is saved, the fillable content locks. Changes to the filled in e-text will not be possible. Only additional signatures can be added.