

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:
(month and year - for upgrade use the first registration for M)

☐ FULL-TIME
☐ PART-TIME

TYPE OF REGISTRATION: ☐ After a Master's degree without a Research Proposal.
☐ After a Master's degree with a Research Proposal.
(mark one) ☐ Upgrading from an MEng/MEngSc(Research) on recommendation of the supervisor(s).

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:

CO-SUPERVISOR 3:

TITLE: NAME & SURNAME:
HIGHEST QUALIFIC: % SUPERVISION

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

AFFILIATION:
CONTACT NUMBER: EMAIL:

CO-SUPERVISOR 4:

TITLE: NAME & SURNAME:
HIGHEST QUALIFIC: % SUPERVISION

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

AFFILIATION:
CONTACT NUMBER: EMAIL:

CHECKLIST *(please select the relevant tick box):*

A **complete academic history** is attached.

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(academic transcript and degree certificate for **each qualification awarded**)

If **registration with a topic, or for the 2nd year of the PhD**, A Research Proposal, an Executive Summary, all individual Proposal Reviewer Report forms, and the Proposal Outcome form are attached.

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If **upgrading from an MEng/MEngSc(Research)**, the Motivation by the Supervisor(s), A Research Proposal, an Executive Summary, all individual Proposal Reviewer Report forms, and the PhD Proposal Outcome form are attached.

☐**SIGNATURES****CANDIDATE:****SUPERVISOR:**

DATE:

DATE:

SIGNATURE:

SIGNATURE:

CO-SUPERVISOR 1:**CO-SUPERVISOR 2:**

DATE:

DATE:

SIGNATURE:

SIGNATURE:

CO-SUPERVISOR 3:**CO-SUPERVISOR 4:**

DATE:

DATE:

SIGNATURE:

SIGNATURE:

RECOMMENDATION BY THE DEPARTMENT*(for office use only)*

The Departmental Management Committee approves the PhD application.

DEPT. CHAIR:

DATE:

SIGNATURE: