



POSTGRADUATE STUDIES
FACULTY OF
DEPARTMENT OF

**Nomination and *acceptance as supervisor/co-supervisor/promoter/co-promoter/examiner:
(please only indicate one)**

*an email correspondence can be accepted as confirmation of appointment

Personal particulars:

Surname: _____

First Names: _____

Title: _____

ID Number: _____

Addresses:

Work:

Telephone Number _____

Preferred Address for use of Courier: _____

Postal Code: _____

E-Mail Address: _____

Home or Work (*if different from the above*):

Telephone Number: _____

Physical Address: _____

Postal Code: _____

Cellular Phone Number: _____

See attached CV for academic qualifications, research supervision and research publication profile

For Office Use Only:

Appointment Approved : Yes No

By: _____ On _____ 2013

For The Period Of: _____ To: _____/Until terminated.

SIGNED

DATE