



POSTGRADUATE STUDIES

FACULTY OF

DEPARTMENT OF

MASTERS or DOCTORAL: CHANGE OF SUPERVISOR/PROMOTER

The following change in supervisor is submitted for approval for the degree
Magister Technologiae/Doctoris Technologiae:

Candidate: _____

ID Number: _____

Student Number: _____

Date of HDC approval: _____

Credit

0.5		1.0		2.0
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Dissertation Title: _____

Previous Supervisor: _____

Proposed New Supervisor: _____

Motivation: _____

HEAD OF DEPARTMENT

DATE

Please attach CV