POSTGRADUATE STUDIES

FACULTY OF :

DEPARTMENT OF:

CHANGE OF EXAMINER

The following change in examiner is submitted for approval for the degree Magister Technologiae/DoctorisTechnologiae:

Candidate: _____

ID Number: _____

Student Number: _____

Date of HDC approval: _____

Credit:

	0.5		0.1		0.2

Dissertation Title: _____

_____

EXAMINATION PANEL

Internal Examiner 1: _____

Internal Examiner 2: _____

New Examiner 1: _____

New Examiner 2: _____

MOTIVATION: _____

_____

_____

_____ _____

HEAD OF DEPARTMENT **DATE**