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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| CANDIDATE’S  SURNAME:  [Please print] |  | | | | FIRST NAME/S: | |  | | STUDENT NUMBER: | | |  |
| CURRENT  QUALIFICATIONS: | | | | | | | | | | | | |
| TEL: | | CELL: | | | | E-MAIL: | | | | | FAX: | |
| DEGREE FOR WHICH PROTOCOL IS BEING SUBMITTED: | | | | | | | | | | | | |
| PART-TIME OR FULL-TIME: | | | | | | | | | | | | |
| FIRST REGISTERED FOR THIS DEGREE: | | | | TERM : | | | | | | YEAR: | | |
| DEPARTMENT: | | | | | | | | | | | | |
| TITLE OF PROPOSED RESEARCH: | | | | | | | | | | | | |
| CANDIDATE’S SIGNATURE: | | | | | | | | | | DATE: | | |
| SUPERVISOR 1 (NAME & SURNAME): | | | | | | | | | | % Supervision | | |
| SUPERVISOR’S QUALIFICATIONS | | | | | | | | | | | | |
| SUPERVISOR’S DEPARTMENT | | | | | | | | | | | | |
| SUPERVISOR’S ADDRESS / TEL / E-MAIL: | | | | | | | | | | | | |
| SUPERVISOR 2 (NAME & SURNAME): | | | | | | | | | | % Supervision | | |
| SUPERVISOR’S QUALIFICATIONS | | | | | | | | | | | | |
| SUPERVISOR’S ADDRESS / TEL / E-MAIL: | | | | | | | | | | | | |
| SUPERVISOR 3 (NAME & SURNAME): | | | | | | | | | | % Supervision | | |
| SUPERVISOR’S QUALIFICATIONS | | | | | | | | | | | | |
| SUPERVISOR’S ADDRESS / TEL / E-MAIL: | | | | | | | | | | | | |
| *SYNOPSIS OF RESEARCH*:*(Brief summary of proposed research project; between 200-300 words only; with sub-headings: an introduction and justification for study, aim/s, proposed methodology and expected outcome/s)*  [Use reverse side of this page if  more space is required] | | | | | | | | | | | | |
| WITS ETHICS NOT REQUIRED: Yes No  WITS ETHICS PENDING: Yes No  WITS ETHICS APPROVED: es No  (circle appropriate symbol)\*  **\*Please note the final human ethics clearance certificate or animal ethics certificate must be available prior to starting research** | | | | | | | | IF SUPPLY ETHICS  CLEARANCE CERTIFICATE AS ATTACHMENT AND INCLUDE ETHICS NUMBER HERE: | | | | |
| **As supervisor/s, I/we confirm that I have read the protocol which has been submitted for assessment.** | | | | | | | | | | | | |
| SIGNATURE OF SUPERVISOR/S: | | | ……………………………………. | | | | | …………………………………… | | | | |
| SIGNATURE PG OFFICE STAFF  …………………………………….. | | | REGISTERED  YES….. NO….. | | | | | STAMP | | | | |

***SYNOPSIS OF RESEARCH CONTINUED***

11 March 2019/MP