

**UNIVERSITY OF JOHANNESBURG**

FACULTY OF SCIENCE

**PROJECT PROPOSAL AND REGISTRATION OF STUDY FIELD**

**PARTICULARS OF STUDENT:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **TITLE:** Choose an item. | **FIRST NAME/S:** | | **SURNAME:** | | **STUDENT NO.:** |
| **TEL:** | |  | | | |
| **CELL:** | |  | | | |
| **E-MAIL:** | |  | | | |
| **DEPARTMENT:** | | Choose an item. | | | |
| **CURRENT QUALIFICATION REGISTERED FOR: (Discipline eg. MSc Computer Science)** | | Choose an item. **in** | | Choose an item. | |
| **DATE OF FIRST REGISTRATION**  **FOR CURRENT QUALIFICATION:** | | Click or tap to enter a date. | | Choose an item. | |
| **PREVIOUS QUALIFICATION:**  **(eg. BSc Hons in Botany.)**  Note: if option is not listed, select the empty space and type in degree. | | Choose an item. **in** | | | |
| **INSTITUTION WHERE QUALIFICATION WAS OBTAINED:** | |  | | | |
| **YEAR WHEN QUALIFICATION WAS OBTAINED:** | | Choose an item. | | | |
| **SUPERVISOR:**  **(title, initial, surname)** | | Choose an item. | | | |
| **QUALIFICATIONS OF SUPERVISOR:**  Note: if option is not listed, select the empty space and type in degree. | | Choose an item. | | | |
| **CO-SUPERVISOR:**  **(title, initial, surname)** | | Choose an item. | | | |
| **INSTITUTION:**  **(currently affiliated with)** | |  | | | |
| **QUALIFICATIONS OF CO-SUPERVISOR:**  Note: if option is not listed, select the empty space and type in degree. | | Choose an item. | | | |

|  |  |
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| **DOES THE RESEARCH INVOLVE RESEARCH ON HUMANS OR ANIMALS?** | Choose an item. |
| **WOULD THE SUPERVISOR (AND STUDENT) CLASSIFY THIS PROJECT AS A 4IR PROJECT AND BE ABLE TO DEFEND SUCH CLASSIFICATION?** | Choose an item. |
| **FOR PHD STUDIES ONLY:**  **WILL THIS THESIS BE SUBMITTED AS A THESIS BY PUBLICATION?** | Choose an item. |
| **I, THE STUDENT UNDERSTAND WHAT PLAGIARISM IS AND HAVE FAMALIARIZED MYSELF WITH INSTITUTIONAL AND FACULTY INFORMATION AND TRAINING (e.g faculty video) REGARDING PLAGIARISM** | Choose an item. |
| **PROPOSED STUDY FIELD AND/OR PROPOSED TITLE:** | |
| --- Add more space if necessary--- | |
| **AIMS AND OBJECTIVES OF STUDY:** | |
| --- Add more space if necessary--- | |
| **CONTRIBUTION OF STUDY TO THE EXISTING BODY OF KNOWLEDGE** (Applicable to PhD students only) | |
| --- Add more space if necessary--- | |
| **PROBLEM STATEMENT OR HYPOTHESIS AND RESULTS EXPECTED** | |
| --- Add more space if necessary--- | |
| **JUSTIFICATION OF STUDY WITH REFERENCE TO RELEVANT AND RECENT LITERATURE** (Contextualise the study in terms of the broader field and literature, including preliminary research conducted), ending with the anticipated contribution of the proposed study) | |
| --- Add more space if necessary--- | |
| **STUDY METHODOLOGY: (TECHNIQUES TO BE USED, ASPECTS TO BE INVESTIGATED, ETC.)** | |
| --- Add more space if necessary--- | |
| **REFERENCES:**  (Refer only to cited literature used in this proposal and provide at least three appropriate references to be referenced in full. Please also remember to include last dates of access for URL/websites) | |
| --- Add more space if necessary--- | |

**THE SUPERVISOR(S) CONFIRM/S THAT:**

* The supervisor(s) consider(s) the student competent to undertake the study
* The supervisor(s) and assessor(s) have at least M-degrees (for Master’s students) or D-degrees(for Doctoral students) or their equivalent
* The proposed field of study falls within the department’s or supervisors(s’) field of research
* The proposed field of study is of sufficient academic merit to justify a Master’s/Doctoral degree
* That the proposed study can be undertaken with available equipment and facilities without delays to allow the study to be completed in the specified time
* The study will be undertaken in compliance with all applicable statutory and ethical guidelines
* An adequate budget has been provided for this study

……………………………………………………. Click or tap to enter a date.

**SUPERVISOR (Name, surname and signature) DATE**

………………………………………………………... Click or tap to enter a date.

**CO-SUPERVISOR (Name, surname and signature) DATE**

………………………………………… Click or tap to enter a date.

**STUDENT**  **DATE**

**I, Mr/Ms/Mrs/Dr/Prof (full name and surname of HOD)**  **hereby declare that this project proposal has been considered and approved by the department, after a thorough quality assurance process of the technical merits of the research study proposal.**

………………………………………...Click or tap to enter a date.

**HOD or senior colleague DATE**

**(if HOD is the supervisor)**

FOR OFFICE USE

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| --- | --- |
| **STATUS APPLICATION SUBMITTED:** |  |
| **RECOGNITION OF PRIOR LEARNING: (RPL)** |  |

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**FACULTY OFFICER** **DATE**