

# FACULTY OF HUMANITIES POSTGRADUATE ONE-STOP FORM V12 (2023-03-01)



## COVER PAGE

### INSTRUCTIONS:

1. Please **type**, do not **handwrite**.
2. Type only in the **white blocks**.
3. Ensure that all the relevant **signatory blocks are signed (a typed signature also counts as a signature, as long as that signatory is copied in the email to the Faculty)** for the section being submitting.
4. Submit a **WORD** version of this document, not a PDF scan.
5. Submit **supporting documents** as required.
6. All **submissions** should be made to the faculty officer appointed for that department, school and/or submission type.

### PLEASE NOTE:

The document is divided into **distinct sections**:

**Section A** – when the study is still in progress.

**Section B** – at least four months before submission for assessment.

**Section C** – when submitting for assessment.

**Section D** – if/when the first round of assessment produced conflicting results.


**Section E** – if/when submitting for reassessment.

**Section F** – when the assessment process has been completed and before graduation.

**NB: COMPLETE THE "INFORMATION REQUIRED FOR ALL APPLICATIONS" AT THE BOTTOM OF THIS PAGE, CHECK THE RELEVANT BOX AT THE TOP OF THE NEXT PAGE, AND COMPLETE ONLY THE SECTION RELEVANT TO THIS APPLICATION, WITH THE REQUIRED SIGNATORIES.**

### Information Required for All Applications

Please complete this table in **full**.

Student's surname							
Student's initials							
Student number							
Date of first registration	Year		Month		FT/PT		
Department							
Supervisor (Title, Initials, Surname and Staff Number)							
Co-Supervisor(s) (Title, Initials, Surname and Staff Number)							
Has the UJ Supervisor-Student Agreement been signed?							
Qualification	Minor Dissertation				Thesis		
Title of study						4IR Study Y/ N	
	01 No Poverty	02 Zero Hunger	03 Good Health & Wellbeing	04 Quality Education	05 Gender Equality		
	06 Clean Water and Sanitation	07 Affordable and Clean Water	08 Decent Work and Economic Growth	09 Industry, Innovation and Infrastructure	10 Reduced Inequality		
	11 Sustainable Cities and Communities	12 Responsible Consumption and Production	13 Climate Action	14 Life Below Water	15 Life on Land		
	16 Peace, Justice and Strong Institutions	17 Partnerships to Achieve the Goal					
UJ Related Sustainable Development Goal (SDG)	<p>Please indicate with X next to the one SDG best aligned with this study title. Alternatively, if there is more than one SDG, then please indicate against each goal that it aligns with.</p>						

**Check the relevant box(es) with an X**

(You may mark more than one block)

**SECTION A**

<p>SECTION A  <b>Complete this section when applying for:</b></p> <p>"A Change in Title"; and/or                  "A Change in Supervisor"; and/or                  "An Application for Interruption of Studies (formerly called "abeyance"); and/or                  "An Application for Extension of Studies"; and/or                  "An Application to Change from Full-Time to Part-Time or Part-Time to Full-Time".</p> <p style="text-align: right;">Date submitted to faculty office: _____</p>	
<b>Change of Title</b>	
Change of <b>Supervisor</b>	
Interruption of Studies (formerly called "abeyance")	
Extending <b>Studies</b>	
Change from Part-Time to Full-Time or Full-Time to Part-Time	

**SECTION B**

<p>Signatories                  Either insert a scanned signature, or merely write the names in the appropriate block if submitting via e-mail directly to the faculty office, CCd to all signatories.</p>			
<b>Student</b>	<b>Supervisor</b>	<b>Co-Supervisor</b>	<b>HOD</b>
<b>FACULTY OFFICE:</b>			
<b>Staff member</b>	<b>Date received</b>	<b>Date processed</b>	<b>Signature</b>
<b>SECTION B</b>			
<p><b>Complete this section when nominating Assessors and Non-Assessing Chairs.</b></p> <p>Assessors and Non-Assessing Chairs must be nominated at least four months before submission for assessment.</p> <p style="text-align: right;">Date submitted to faculty office: _____</p>			
<b>Nomination of NAC and Assessors</b>			

**SECTION C**

<p>Signatories                  Either insert a scanned signature, or merely write the names in the appropriate block if submitting via e-mail directly to the faculty office, CCd to all signatories.</p>	
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<b>Supervisor</b>	<b>Co-Supervisor</b>	<b>NAC</b>

**FACULTY OFFICE:**

<b>Staff member</b>	<b>Date received</b>	<b>Date processed</b>	<b>Signature</b>

**SECTION C**

**Complete this section when submitting for assessment.**

Date submitted to faculty office: \_\_\_\_\_

**Permission to Submit for Assessment**

**SECTION D**

Nomination of Additional Assessor or Expert Advisor

**SECTION E**

Signatories

Either insert a scanned signature, or merely write the names in the appropriate block if submitting via e-mail directly to the faculty office, CCd to all signatories.

<b>Supervisor</b>	<b>Co-Supervisor</b>	<b>NAC</b>

**FACULTY OFFICE:**

<b>Staff member</b>	<b>Date received</b>	<b>Date processed</b>	<b>Signature</b>

**SECTION C**

**Complete this section when submitting for assessment.**

Date submitted to faculty office: \_\_\_\_\_

**Permission to Submit for Assessment**

**SECTION F**

SECTION D

Complete **this section if a former round of assessment produced conflicting results.**

Either an additional assessor or an expert advisor must be nominated in this section (not both). An additional assessor does not view the reports produced by

assessors during the previous round of assessment and produces a narrative report like any assessor would. An expert advisor does view the reports produced by assessors during the previous round of assessment and makes a recommendation based on these reports.

Date submitted to Faculty Office: \_\_\_\_\_

### Nomination of Additional Assessor

Please submit full (not abbreviated) CV of the additional assessor.

Due dates for nominations are the same as for Faculty HDC proposals.

Mark the appropriate box with an 'X' and motivate if necessary.

Questions	Yes	No
1. Has the additional assessor been nominated by the same supervisor in the last two years? (If "yes", please motivate in the line below.)		
2. Is the additional assessor a former member of staff at UJ or at one of its pre-merger institutions? (If "yes", list the assessor's name, department and last year of affiliation with UJ in the line below.)		
3. Can the supervisor declare any association with the additional assessor in the last five years in terms of the following? (If "yes", elaborate in the line below.) <ul style="list-style-type: none"> <li>• Joint publication.</li> <li>• Post-graduate supervision of or with the assessor.</li> <li>• Joint Research Proposal.</li> <li>• Any other potential conflicts of interest.</li> </ul>		

<b>Additional Assessor:</b> Title, Initials, Surname			
Role	Assessor	Advisor	
Institution			
Telephone (W)	Telephone (Cell)		
Telephone (H)	Fax		
Email			
Students submit electronic copies of their research in PDF format. The research will thus be dispatched to all examiners in electronic PDF format. Please confirm that you have discussed this with the proposed assessor and they understand and accept this University requirement.			CONFIRMED
Motivation if not an academic			

### Nomination of Expert Advisor

Please submit full (not abbreviated) CV of the expert advisor.

Due dates for nominations are the same as for Faculty HDC proposals.

Mark the appropriate box with an 'X' and motivate if necessary.

Questions	Yes	No
4. Has the additional assessor been nominated by the same supervisor in the last two years? (If "yes", please motivate in the line below.)		
5. Is the additional assessor a former member of staff at UJ or at one of its pre-merger institutions? (If "yes", list the assessor's name, department and last year of affiliation with UJ in the line below.)		
6. Can the supervisor declare any association with the additional assessor in the last five years in terms of the following? (If "yes", elaborate in the line below.)		

- Joint publication.
- Post-graduate supervision of or with the assessor.
- Joint Research Proposal.
- Any other potential conflicts of interest.

<b>Expert Advisor:</b>			
Title, Initials, Surname			
Role	Assessor	Advisor	
Institution			
Telephone (W)	Telephone (Cell)		
Telephone (H)	Fax		
Email			
Students submit electronic copies of their research in PDF format. The research will thus be dispatched to all examiners in electronic PDF format. Please confirm that you have discussed this with the proposed assessor and they understand and accept this University requirement.			CONFIRMED
Motivation if not an academic			

**Signatories**

Either insert a scanned signature, or merely write the names in the appropriate block if submitting via e-mail directly to the faculty office, CCd to all signatories.

<b>Supervisor</b>	<b>Co-Supervisor</b>	<b>NAC</b>

**FACULTY OFFICE:**

<b>Staff member</b>	<b>Date received</b>	<b>Date processed</b>	<b>Signature</b>

**SECTION E**

**Complete this section when submitting for RE-ASSESSMENT.**

Date submitted to faculty office: \_\_\_\_\_

**Permission to Submit for Re-assessment**

Mark the box with an 'X' to indicate permission to submit and certification of plagiarism screening.

<input type="checkbox"/>	We, as supervisor and non-assessing chair, certify that the minor dissertation, dissertation or thesis has been screened through Turnitin (or another suitable programme or process), that no plagiarism was detected and that the Turnitin report is included with the submission.
<input type="checkbox"/>	A letter specifying the corrections and amendments made has been submitted.

**Signatories**

Either insert a scanned signature, or merely write the names in the appropriate block if submitting via e-mail directly to the faculty office, CCd to all signatories.

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Supervisor	Co-Supervisor	NAC	
<b>FACULTY OFFICE:</b>			
<b>Staff member</b>	<b>Date received</b>	<b>Date processed</b>	<b>Signature</b>
<b>SECTION F</b>			
<b>Final Submission for Graduation</b>			
Date submitted to faculty office: _____			
<b>Confirmation of Corrections Made</b>			
Permission to Submit Final Minor Dissertation/Dissertation/ <b>Thesis</b>			
CV & Laudatio (for doctoral theses only)			

## SECTION A

**Complete this section when applying for:**

- "A Change in Title"; and/or
- "A Change in Supervisor"; and/or
- "An Application for Interruption of Studies (formerly called "abeyance"); and/or
- "An Application for Extension of Studies"; and/or
- "An Application to Change from Full-Time to Part-Time or Part-Time to Full-Time".

Date submitted to faculty office: \_\_\_\_\_

### Change of Title

Note: Changes to the title of a doctoral thesis are noted by Senate HDC.

Original title	
Proposed new title	
Motivation for title change	
Does the student hold one or more bursary/ies for this degree?	
If "yes", has the funder(s) been informed of the change of title?	

### Change of Supervisor

Proposed new supervisor (Title, Initials, Surname and Staff Number)	
Proposed new co-supervisor (Title, Initials, Surname and Staff Number)	
Motivation for supervisor change	
What actions are being taken to facilitate a smooth transition?	

**Error! Reference source not found.**

## Interruption of Studies (formerly called "abeyance")

Interruption start date		Year		Month	
Interruption end date		Year		Month	
Was one or more former request(s) for extension or interruption of studies approved?					
If "yes", how many times and for which period(s)?					
Supervisor's motivation for interruption of studies					

Please submit a signed motivation from the student that details (1) what progress has been achieved to date, (2) why the interruption is required and (3) how the student intends to complete the degree after the period of interruption within a reasonable time period. Supporting documentation related to the motivation must be submitted, for example if it is for medical reason, medical certificates must be submitted.

**Error! Reference source not found.**

## Extending Studies

NB: To avoid premature applications for extensions, please note the **maximum study periods** in the table below:

		Master's study	Doctoral study
Full-time study	Minimum time	12 months	24 months
	Maximum time	24 months	48 months
Part-time study	Minimum time	12 months	24 months
	Maximum time	36 months	60 months

Proposed extension date		Year		Month	
Was one or more former request(s) for extension or interruption of studies approved?					
If "yes", how many times and for which period(s)?					
Supervisor's motivation for extension					

Please submit a signed motivation from the student that details (1) why satisfactory progress has not been achieved and (2) how the degree will be completed within the requested time period.

**Error! Reference source not found.**

## Change from Full-Time to Part-Time or Part-Time to Full-Time

What is the student's current registration status? (full-time or part-time)					
What registration status does the student wish to change to? (full-time or part-time)					
First date of registration					
Was any former requests for an extension or interruption of studies approved?					
If "yes", how many times and for which period(s)?					
What bursary/ies has the student received for this degree?					
Is the student aware that a change of registration status from Full-Time to Part-Time might require him/her to repay the bursary fees?					

## Signatories

Either insert a scanned signature, or merely write the names in the appropriate block if submitting via e-mail directly to the faculty office, CCd to all signatories.

<b>Student</b>	<b>Supervisor</b>	<b>Co-Supervisor</b>	<b>HOD</b>

## FACULTY OFFICE:

<b>Staff member</b>	<b>Date received</b>	<b>Date processed</b>	<b>Signature</b>

## SECTION B

### Complete this section when nominating Assessors and Non-Assessing Chairs.

Assessors and Non-Assessing Chairs must be nominated at least four months before submission for assessment.

Date submitted to faculty office: \_\_\_\_\_

#### Nomination of NAC and Assessors

Please submit full (not abbreviated) **CVs** of each assessor,  
Also submit **proof** from each assessor (e.g. email) that they are willing to do the assessment.

Due dates for nominations are the same as for Faculty HDC proposals.

Please nominate a back-up assessor as well in the block provided.

Assessor requirements:

- Mini-dissertation: two assessors with at least a master's degree, of which one must be external to UJ, plus a back-up assessor external to UJ with at least a master's degree;
- Dissertation: two assessors external to UJ, of which one must have a doctoral degree and one must have at least a master's degree, plus a back-up assessor external to UJ with a doctoral degree;
- Thesis: three assessors with a doctoral degree who are external to UJ, of which one must be from outside South Africa, plus a back-up assessor with a doctoral degree from outside South Africa.

<b>Non-Assessing Chair:</b> Title, Initials, Surname	
<b>NAC's staff number</b>	

Mark the appropriate box with an 'X' and motivate if necessary.

Questions	Yes	No
1. Has one <i>or</i> more of the assessors been nominated by the same supervisor in the last two years? (If "yes", please motivate in the line below.)	<input type="checkbox"/>	<input type="checkbox"/>
2. Is one <i>or</i> more of the Assessors a former member of staff at UJ or at one of its pre-merger institutions? (If "yes", list the assessor's name, department and last year of affiliation with UJ in the line below.)	<input type="checkbox"/>	<input type="checkbox"/>
3. Can the supervisor declare any association with any of the assessors in the last five years in terms of the following? (If "yes", elaborate in the line below.)	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>• Joint publication.</li> <li>• Post-graduate supervision of or with the assessor.</li> <li>• Joint Research Proposal.</li> <li>• Any other potential conflicts of interest.</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>

<b>Assessor 1:</b> Title, Initials, Surname			
Institution			
Telephone (W)		Telephone (Cell)	
Telephone (H)		Fax	
Email			
Physical address to which report must be couriered <b>if, and only if, a physical copy is requested by the assessor.</b>			
Students submit electronic copies of their research in PDF format. The research will thus be dispatched to all examiners in electronic PDF format. Please confirm that you have discussed this with the proposed assessor and they understand and accept this University requirement.			CONFIRMED
Motivation if not an academic			



<b>Assessor 2: Title, Initials, Surname</b>			
Institution			
Telephone (W)		Telephone (Cell)	
Telephone (H)		Fax	
Email			
Physical address to which report must be couriered <b>if, and only if, a physical copy is requested by the assessor.</b>			
Students submit electronic copies of their research in PDF format. The research will thus be dispatched to all examiners in electronic PDF format. Please confirm that you have discussed this with the proposed assessor and they understand and accept this University requirement.			CONFIRMED
Motivation if not an academic			
<b>Assessor 3: Title, Initials, Surname</b>			
Institution			
Telephone (W)		Telephone (Cell)	
Telephone (H)		Fax	
Email			
Physical address to which report must be couriered <b>if, and only if, a physical copy is requested by the assessor.</b>			
Students submit electronic copies of their research in PDF format. The research will thus be dispatched to all examiners in electronic PDF format. Please confirm that you have discussed this with the proposed assessor and they understand and accept this University requirement.			CONFIRMED
Motivation if not an academic			
<b>Back Up Assessor: Title, Initials, Surname</b>			
Institution			
Telephone (W)		Telephone (Cell)	
Telephone (H)		Fax	
Email			
Physical address to which report must be couriered <b>if, and only if, a physical copy is requested by the assessor.</b>			
Students submit electronic copies of their research in PDF format. The research will thus be dispatched to all examiners in electronic PDF format. Please confirm that you have discussed this with the proposed assessor and they understand and accept this University requirement.			CONFIRMED
Motivation if not an academic			

## Signatories

Either insert a scanned signature, or merely write the names in the appropriate block if submitting via e-mail directly to the faculty office, CCd to all signatories.

<b>Supervisor</b>	<b>Co-Supervisor</b>	<b>NAC</b>

## FACULTY OFFICE:

<b>Staff member</b>	<b>Date received</b>	<b>Date processed</b>	<b>Signature</b>

## SECTION C

**Complete this section when submitting for assessment.**

Date submitted to faculty office: \_\_\_\_\_

### Permission to Submit for Assessment

Mark the box with an 'X' to indicate permission to submit and certification of plagiarism screening.

	We, as supervisor and non-assessing chair, give permission for the minor dissertation, dissertation or thesis specified above to be submitted for assessment and declare that the submitted copies of this study can be dispatched to the approved assessors for assessment purposes.
	We, as supervisor and non-assessing chair, certify that the minor dissertation, dissertation or thesis has been screened through Turnitin (or another suitable programme or process), that no plagiarism was detected and that the Turnitin report is included with the submission.

### Signatories

Either insert a scanned signature, or merely write the names in the appropriate block if submitting via e-mail directly to the faculty office, CCd to all signatories.

<b>Supervisor</b>	<b>Co-Supervisor</b>	<b>NAC</b>

### FACULTY OFFICE:

<b>Staff member</b>	<b>Date received</b>	<b>Date processed</b>	<b>Signature</b>

## SECTION D

**Complete this section if a former round of assessment produced conflicting results.**

Either an additional assessor or an expert advisor must be nominated in this section (not both). An additional assessor does not view the reports produced by assessors during the previous round of assessment and produces a narrative report like any assessor would. An expert advisor does view the reports produced by assessors during the previous round of assessment and makes a recommendation based on these reports.

Date submitted to Faculty Office: \_\_\_\_\_

### Nomination of Additional Assessor

Please submit full (not abbreviated) CV of the additional assessor.  
Due dates for nominations are the same as for Faculty HDC proposals.

Mark the appropriate box with an 'X' and motivate if necessary.

Questions	Yes	No
7. Has the additional assessor been nominated by the same supervisor in the last two years? (If "yes", please motivate in the line below.)		
8. Is the additional assessor a former member of staff at UJ or at one of its pre-merger institutions? (If "yes", list the assessor's name, department and last year of affiliation with UJ in the line below.)		

9. Can the supervisor declare any association with the additional assessor in the last five years in terms of the following? (If "yes", elaborate in the line below.)				
<ul style="list-style-type: none"> <li>• Joint publication.</li> <li>• Post-graduate supervision of or with the assessor.</li> <li>• Joint Research Proposal.</li> <li>• Any other potential conflicts of interest.</li> </ul>				

<b>Additional Assessor:</b>			
Title, Initials, Surname			
Role	Assessor		Advisor
Institution			
Telephone (W)	Telephone (Cell)		
Telephone (H)	Fax		
Email			
Students submit electronic copies of their research in PDF format. The research will thus be dispatched to all examiners in electronic PDF format. Please confirm that you have discussed this with the proposed assessor and they understand and accept this University requirement.			CONFIRMED
Motivation if not an academic			

### Nomination of Expert Advisor

Please submit full (not abbreviated) CV of the expert advisor.

Due dates for nominations are the same as for Faculty HDC proposals.

Mark the appropriate box with an 'X' and motivate if necessary.

Questions	Yes	No
10. Has the additional assessor been nominated by the same supervisor in the last two years? (If "yes", please motivate in the line below.)		
11. Is the additional assessor a former member of staff at UJ or at one of its pre-merger institutions? (If "yes", list the assessor's name, department and last year of affiliation with UJ in the line below.)		
12. Can the supervisor declare any association with the additional assessor in the last five years in terms of the following? (If "yes", elaborate in the line below.)		
<ul style="list-style-type: none"> <li>• Joint publication.</li> <li>• Post-graduate supervision of or with the assessor.</li> <li>• Joint Research Proposal.</li> <li>• Any other potential conflicts of interest.</li> </ul>		

<b>Expert Advisor:</b>			
Title, Initials, Surname			
Role	Assessor		Advisor
Institution			
Telephone (W)	Telephone (Cell)		
Telephone (H)	Fax		
Email			
Students submit electronic copies of their research in PDF format. The research will thus be dispatched to all examiners in electronic PDF format. Please confirm that you have discussed this with the proposed assessor and they understand and accept this University requirement.			CONFIRMED
Motivation if not an academic			

### Signatories

Either insert a scanned signature, or merely write the names in the appropriate block if submitting via e-mail directly to the faculty office, CCd to all signatories.

<b>Supervisor</b>	<b>Co-Supervisor</b>	<b>NAC</b>

### FACULTY OFFICE:

<b>Staff member</b>	<b>Date received</b>	<b>Date processed</b>	<b>Signature</b>

## SECTION E

**Complete this section when submitting for RE-ASSESSMENT.**

Date submitted to faculty office: \_\_\_\_\_

### Permission to Submit for Re-assessment

Mark the box with an 'X' to indicate permission to submit and certification of plagiarism screening.

	We, as supervisor and non-assessing chair, certify that the minor dissertation, dissertation or thesis has been screened through Turnitin (or another suitable programme or process), that no plagiarism was detected and that the Turnitin report is included with the submission.
	A letter specifying the corrections and amendments made has been submitted.

### Signatories

Either insert a scanned signature, or merely write the names in the appropriate block if submitting via e-mail directly to the faculty office, CCd to all signatories.

<b>Supervisor</b>	<b>Co-Supervisor</b>	<b>NAC</b>

### FACULTY OFFICE:

<b>Staff member</b>	<b>Date received</b>	<b>Date processed</b>	<b>Signature</b>

## SECTION F

### Final Submission for Graduation

Date submitted to faculty office: \_\_\_\_\_

#### Confirmation of Corrections Made

<input type="checkbox"/>	We, as supervisor and non-assessing chair, declare that the corrections and amendments to the minor dissertation/dissertation/thesis as recommended by the assessors have been made.
<input type="checkbox"/>	A letter specifying the corrections and amendments made has been submitted.

Mark the box with an 'X' to indicate confirmation and documentation of corrections made.  
Please submit a letter from the student detailing what corrections have been made.

#### Permission to Submit Final Minor Dissertation/Dissertation/Thesis

<input type="checkbox"/>	We, as supervisor and non-assessing chair, declare that the copies of the minor dissertation/ dissertation/ doctoral thesis being submitted to the Faculty Office are copies of the finally corrected version of the study.
<input type="checkbox"/>	<b>Required: For MA dissertations</b> , we, as supervisor and non-assessing chair, declare that an accredited research output has already been published or a copy of a research output ready to be submitted for publication has been submitted to the supervisor. <b>NB: Not required for MA <i>minor</i> dissertations.</b>
<input type="checkbox"/>	<b>Required: For doctoral theses</b> , we, as supervisor and non-assessing chair, declare that two accredited research outputs have already been published or copies of two research outputs that are ready to be submitted for publication have been submitted to the supervisor.

Mark the box with an 'X' to indicate permission to submit final thesis.

#### CV & Laudatio (for doctoral theses only)

CV (no more than 100 words)	
Laudatio (no more than 150 words)	

#### Signatories

Either insert a scanned signature, or merely write the names in the appropriate block if submitting via e-mail directly to the faculty office, CCd to all signatories.

<b>Supervisor</b>	<b>Co-Supervisor</b>	<b>NAC</b>

#### FACULTY OFFICE:

<b>Staff member</b>	<b>Date received</b>	<b>Date processed</b>	<b>Signature</b>