# 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.

<u>Section D</u> – if/when the first round of assessment produced conflicting results.

**Section E** – if/when submitting for <u>re</u>assessment.

<u>Section F</u> – 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 surn	ame									
Student's initia	ls									
Student number	er									
Date of first re	gistration	Year		Mo	onth		F	-T/PT		
Department										
Supervisor (Title, Initials, S	Surname and	Staff Nu	mber)							
Co-Supervisor (Title, Initials, S		Staff Nu	mber)							
Has the UJ Su	pervisor-Stud	dent Agre	ement bee	en sig	ned?					
Qualification		Minor D	issertation	า					Thesis	
Title of study							4	IIR S	tudy Y/ N	
	01 No Poverty	<b>02</b> Ze	ero Hunger		03 Good Health & Wellbeing	04 Quality B	Education		<b>05</b> Gender Equality	
SUSTAINABLE	06 Clean Water and Sanitation		fordable and ean Water		08 Decent Work and Economic Growth	09 Industry Innovatio Infrastruc	n and		10 Reduced Inequality	
GOALS	11 Sustainable Cities and Communities	Co	esponsible ensumption and oduction		13 Climate Action	14 Life Belo	ow Water		15 Life on Land	
UJ Related	16 Peace, Justice and Strong Institutions		artnerships to hieve the Goal							Ü
Sustainable Development Goal (SDG)					aligned with this stud n please indicate aga		that it alig	gns wit	h.	

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

(You may mark more than one block)

#### **SECTION A**

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# 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 su	bmitted	to facul	ty office:
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# **Change of Title**

### Change of **Supervisor**

Interruption of Studies (formerly called "abeyance")

#### Extending **Studies**

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

#### **SECTION B**

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

The content of the co	e raculty office, eed to diff		
Student	Supervisor	Co-Supervisor	HOD

#### **FACULTY OFFICE:**

Staff member	Date received	Date processed	Signature

#### **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**

#### **SECTION C**

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.

Supervisor	<u> </u>	Co-Su	ıpervisor		NAC
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Staff member	Date	received	Date proces	sed	Signature
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Nomination of Addition	al Assessor	or Expert Advi	sor		
SECTION E	<u>ai 7 0303301</u>	OI EXPEREMENT	301		
Signatories					
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Supervisor	<u> </u>	<u> </u>	ıpervisor		NAC
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# **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:	
Date capillities to I acuit	, O 11100	

### **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 premerger institutions? (If "yes", list the assessor's name, department and last year of affiliation with UJ in the line below.)		
<ul> <li>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.)</li> <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>		

Additional Assest								
Role		As	ssessor				Advisor	
Institution								
Telephone (W)			Telepho	one	(Cell)			
Telephone (H)			Fax					
Email								
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Motivation if not a								

# **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.

Que	estions	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 premerger 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.)		

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Title, Initials, Surna	ame					
Role		As	sessor		Adviso	r
Institution						
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# **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".

# **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
	Minimum time	12 months	24 months
Full-time study	Maximum time	24 months	48 months
	Minimum time	12 months	24 months
Part-time study	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 t	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.

,			
Student	Supervisor Co-Sup	pervisor HOD	

#### **FACULTY OFFICE:**

Staff member	Date received	Date processed	Signature

## **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.

Non-Assessing Chair: Title, Initials,	
Surname	
NAC's staff number	

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.)		
2. Is one <i>or</i> more of the Assessors a former member of staff at UJ or at one of its premerger institutions? (If "yes", list the assessor's name, department and last year of affiliation with UJ in the line below.)		
<ul> <li>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.)</li> <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>		

Assessor 1: Title	Initials, Surname				
Institution					
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Assessor 2: Title,	Initials, Surname			
Institution				
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Superv	isor	Co-Supervisor	NAC	
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**Staff member** 

**Date received** 

**Date processed** 

Signature

# **SECTION C**

# Complete this section when submitting for assessment.

Date submitted to faculty office:								
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Signatories Either insert a scanned s directly to the faculty off	ignature, o	r merely write the			ock if submit	ting via	e-mail	
Supervisor		Co-Su	pervisor		NAC			
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		Date :	submitted to Facu	Ity Office:	<b>.</b>			
Nomination of Add Please submit full (not all Due dates for nomination	bbreviated)	CV of the additio						
Mark the appropriate box	κ with an 'X	and motivate if	necessary.				,	
<ul><li>Questions</li><li>7. Has the additional</li></ul>	acceccor h	een nominated hy	, the same supervis	or in the l	act two	Yes	No	
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	es", list the		department and la					

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

Additional Assess Title, Initials, Surna						
Role			Assessor			Advisor
Institution						
Telephone (W)			Telephone	(Cell)		
Telephone (H)			Fax			
Email						
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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.)		
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, Surna	ame					
Role			Assessor			Advisor
Institution						
Telephone (W)			Telephone	(Cell)		
Telephone (H)						
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						CONFIRMED
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**Signature** 

**Staff member** 

**Date received** 

# **SECTION F**

# **Final Submission for Graduation**

	Date submitted to faculty office:									
Con	firmation of Co	orrection	s Made							
Mark	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.  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.									
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	(no more than words)									
	datio (no more n 150 words)									
<b>Signatories</b> 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.										
	Supervisor	ı	Co-S	upervisor		NAC				
FACULTY OFFICE:										
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	Staff member	Date	ereceived	Date proces	ssed	Signature				