



Registration Form for an MPhil/PhD Research Degree

(See Regulations for MPhil and PhD Research Degrees)

1. THE APPLICANT

(i) Title Miss/Ms/Mrs./Mr./..... *(Delete as appropriate)*.

(ii) Name *(Surname in CAPITALS)*.

(iii) Home address:

.....
.....
.....

Tel. No: Fax No:

Email:

(iv) Date of Birth:

(v) Position and place of work, if within UTM:

Member of Academic staff/Administrative staff/Research student in the:
(delete as appropriate)

School/Department:
.....

(vi) Position and place of work, if outside UTM:

.....
.....
.....

Tel. No: Fax No:

Email:

(vi) Degree or equivalent professional qualifications held:

Qualification	Main Subject(s)	Institution	Classification	Year of award

2. RESEARCH DEGREE REGISTRATION

- (i) Research degree applied for: *(delete as appropriate)*
 - a) Master of Philosophy (MPhil);
 - b) Master of Philosophy with possibility of transfer to Doctor of Philosophy (MPhil/PhD);
 - c) Doctor of Philosophy (direct).

- (ii) Mode of study: full-time/part-time *(delete as appropriate)*.

- (iii) Details of any scholarship held in connection with the proposed research degree (please attach any evidence):

Sponsor	Title of Scholarship	Commencement of Scholarship	Completion of Scholarship

(iv) Details of applicant's professional experience, lecturing and other experience relevant to the registration:

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.....
.....

(v) Publications by the applicant relevant to the registration:

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.....
.....

(additional sheets may be appended).

(vi) Two referees who may be contacted concerning the research degree registration:

Name:
.....
(surname in CAPITALS) *(surname in CAPITALS)*

Qualifications:
.....

Position:
.....

Address:
.....
.....
.....
.....

Tel. No.:
.....

Fax No.:
.....

Email:
.....

3. THE PROGRAMME OF RESEARCH

Please attach detailed Mphil / PhD Research Proposal (see *Guidelines for Writing an Mphil / Phd Research Proposal*)

(i) Title of the proposed thesis:

.....
.....

(ii) Aim(s) of the research degree programme:

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.....
.....

(iii) Expected duration of programme to MPhil: Months

Additional extension of programme to PhD: Months

Proposed starting date:

(iv) Name and address of any formal external collaborating body:

.....
.....
.....

Contact Name:(surname in CAPITALS)

Qualifications:

Position:

Address:

.....
.....

Tel. No: Fax No:

Email:

(v) If the external collaborating body asks for the thesis to be withheld from public access, state reasons and indicate the length of the period of confidentiality from the date of the oral examination:

.....
.....
.....

(vi) Details of any advisor who will provide informal collaboration:

Name:

(surname in CAPITALS)

Qualifications:

Position:

Address:

.....

.....

Tel: No. Fax No.:

Email:

(vii) Funding available for research degree:

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(viii) Details of any special facilities or funding required for the research degree programme:

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.....

(ix) Supervisors:

Name:

(surname in CAPITALS)

Qualifications:

Position:

	MPhil	PhD
Number of research degrees successfully supervised		
Number of research degrees currently under supervision		
Number of research degree candidates writing up together with date of expected completion		

Name:

(surname in CAPITALS)

Qualifications:

Position:

	MPhil	PhD
Number of research degrees successfully supervised		
Number of research degrees currently under supervision		
Number of research degree candidates writing up together with date of expected completion		

4. DECLARATIONS

(i) Statement by Applicant

I confirm that the information I have provided on this form is correct and also that I am not registered for another award at the University of Technology, Mauritius or any other institution.

Name:.....Signature:.....Date:.....
(surname in CAPITALS)

(ii) Recommendation for Registration by the Supervisors

We recommend that
(surname in CAPITALS)

be registered for the degree of *(delete as appropriate)*:

- a) Master of Philosophy (MPhil);
- b) Master of Philosophy with possibility of transfer to Doctor of Philosophy (MPhil/PhD);
- c) Doctor of Philosophy (direct).

at the University of Technology, Mauritius from

Name:.....Signature:..... Date:.....
(surname in CAPITALS)

Name:.....Signature:.....Date:.....
(surname in CAPITALS)

Name:.....Signature:.....Date:.....
(surname in CAPITALS)