



UNIVERSITY  
of  
TECHNOLOGY,  
MAURITIUS

La Tour Koenig  
Pointe aux-Sables  
Republic of Mauritius  
Tel: (230) 207 5250  
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**Doctoral School**

**Application Form for an MPhil/PhD Research Degree**

*(See Regulations for MPhil/PhD Research Studies)*

**1. THE APPLICANT**

- (i) Title Miss/Ms/Mrs./Mr./..... *(Delete as appropriate).*
- (ii) Name ..... *(Surname in CAPITALS).*
- (iii) Home address:  
.....  
.....  
.....  
Tel. No: ..... Mobile No: .....  
Email: .....
- (iv) Date of Birth: .....
- (v) Position and place of work: .....
- (vi) Tertiary Education Qualifications:

Qualifications	Main Subject(s)	Institution	Classification	Year of award

**2. RESEARCH DEGREE REGISTRATION**

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

(ii) 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

(i) Publications by the applicant (if any) relevant to the registration:

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

*(additional sheets may be appended).*

**3. THE PROGRAMME OF RESEARCH**

Please attach detailed PhD Research Proposal (*see Guidelines for Writing a PhD Research Proposal*)

(i) Proposed Title of the thesis:

.....  
 .....

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

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

(iii) Name and address of any formal external collaborating body/ies (Evidence to be provided):

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

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

Qualifications: .....

Position: .....

Address: .....

.....

Tel. No: ..... Fax No: .....

Email: .....

(ii) 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:

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

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

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

(vi) Supervisors (*to provide copy of CV of proposed Supervisor if external to UTM*):

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

Qualifications (Field): .. ..

Position: .. ..

Organisation:.....

Number of years of post PhD Academic Work Experience:.....

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

Qualifications (Field): .. ..

Position: .. ..

Organisation:.....

Number of years of post PhD Academic Work Experience:.....

#### **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 ..... at the University of Technology, Mauritius.

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Name:.....Signature:..... Date:.....

*(surname in CAPITALS)*

Name:.....Signature:.....Date:.....

*(surname in CAPITALS)*