

AMENDMENT OR NEW APPOINTMENT OF SUPERVISOR(S) FOR HIGHER DEGREE CANDIDATES

1. STUDENT INFORMATION	
Title, initials and surname	
Student number	
Year first registered	Programme
Title of thesis/dissertation	
2. APPROVED SUPERVISOR(S) I Supervisor	NFORMATION
Title, initials and surname	
Email address	
Department	
Occupation/Institution [if external]	
Co-supervisor	
Title, initials and surname	
Email address	
Department	
Occupation/Institution [if external]	
	ors must have a Master's degree to supervise MA students toral degree to supervise PhD students. At least one of the
Title, first name & surname	
Primary email address	
Secondary email address	
Primary contact number (with country code)	
Department	
Occupation/Institution [if external]	
Highest qualification obtained (Please specify degree and	

subject)

Co-supervisor 1

Title, first name & surname		
Primary email address		
Secondary email address		
Primary contact number (with		
country code)		
Department		
Occupation/Institution [if external]		
Highest qualification obtained		
(Please specify degree and		
subject)		
Co-supervisor 2		
Title, first name & surname		
Primary email address		-
Secondary email address		
Primary contact number (with		
country code)		
Department		
Occupation/Institution [if external]		
Highest qualification obtained		
(Please specify degree and		
subject)		
Motivation for the amendment or new appointment of supervisor(s)		
Signature of Departmental Chair		Date

[This completed and signed form must be emailed to fasscomm@sun.ac.za.]