

SCHOOL OF ELECTRICAL ENGINEERING & TELECOMMUNICATIONS

RESEARCH PROPOSAL FORM

SURNAME:.....GIVEN NAMES:

STUDENT ID:

DEGREE.....COURSE CODE.....

ENROLLMENT DATE.....NO. OF SESSIONS ENROLLED.....

SUPERVISOR(S).....

CANDIDATE'S LOCATION: room:.....lab:.....phone extension.....

CO-SUPERVISOR(S): 1..... [] full time
(if appointed) 2..... [] part time

External? [] (Please ensure supervision is listed correctly as the information will be used for staff load purposes.)

HIGHER DEGREE CANDIDATES AGREED PROGRAMME

1. THESIS TOPIC

2. RESEARCH AREA AND PLAN

3. ADDITIONAL TRAINING OR SKILLS

4. THREE COMPULSORY SUBJECTS TO BE UNDERTAKEN IN THE FIRST YEAR

5. AGREED RESOURCE STATEMENT

SIGNED:

SUPERVISOR:.....CANDIDATE:.....DATE:.....

..