



APPLICATION FOR ADMISSION - ACADEMIC YEAR 2010 - 2011 (POSTGRADUATE RESEARCH DEGREES)

For Office Use Only

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(PLEASE USE BLOCK LETTERS)

Before filling in this form, please read the annexed 'Information and Instructions to Applicants' carefully.

Application No.

1. Surname (in full)

Other names (in full)

Maiden name (For married Women)

2. Address for correspondence

Telephone No. Home

Mobile

Office

Fax No.

Email

3. Date of birth

Day Month Year

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4. Sex

Male Female

5. Marital Status (Tick as appropriate)

Married Single

6. Nationality

Mauritian Other

If not Mauritian, specify.....

National ID No:

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7. Any Disability (Physical or otherwise) you would wish to apprise the University of:

8. RESEARCH DEGREE APPLIED FOR

(Tick as appropriate)

	MPhil	MPhil/PhD	PhD	MSc/MA	Full-Time	Part-Time
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Faculty:

TITLE OF RESEARCH

.....

.....

.....

.....

N.B Please submit, in duplicate, a research proposal not exceeding 2000 words along the given guidelines on the research topic you wish to investigate; otherwise your application will not be considered.

14. Give brief details of your activities and responsibilities in your present position.

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

15. REFEREES (Please obtain their prior agreement. The University may write to them if and when you are selected.)

REFEREE 1

Name
Occupation
Address
Phone No.
Fax No.
E-mail

REFEREE 2

Name
Occupation
Address
Phone No.
Fax No.
Email

N. B. You will be required to submit the completed reference forms RDRF in sealed envelopes along with the application form.

16. APPLICABLE TO FOREIGN APPLICANTS ONLY

Financial assistance relating to the period of the proposed programme.

Source of Funds	Amount (in Mauritian Rupees or US \$)	State whether already guaranteed, applied for or not yet applied for

17. DECLARATION OF APPLICANT

I,, solemnly declare that if admitted to the University, I will diligently follow the programme of study for which I am selected to its termination; that I will inform the Registrar, in writing and without delay, if I withdraw from the programme; and that I will conform to all the rules and regulations of the University.

I undertake, in the event of my being offered a seat at the University of Mauritius, to pay all fees as per University requirements, failing which legal action may be taken against me. I also agree that if I do not pay all fees due to the University of Mauritius, I may be denied access to examinations and/or be denied my final award certificate.

I declare that the above information is correct.

Date/...../.....

Signature



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I declare that the above information is correct.

Date/...../.....

Signature



UNIVERSITY OF MAURITIUS

Form RDRF

Reference Form

Section to be filled by Applicant:

Name	
Address	
Telephone and/or Email Address	

Dear Referee,

The above named candidate is applying for admission to a research degree. Your completion of this confidential form will greatly help us in the assessment of the applicant's suitability to undertake the proposed study. Please enclose the completed form in a sealed envelope and forward it to the student for onward transmission to the Admissions' Office

I. I have known the candidate:
Please tick or fill in as appropriate.

For a period of	• 1 year	<input type="checkbox"/>
	• 2 years	<input type="checkbox"/>
	• 3 years	<input type="checkbox"/>
	• More than 3 years	<input type="checkbox"/>
In my capacity as	• Lecturer	<input type="checkbox"/>
	• Project/Thesis Supervisor	<input type="checkbox"/>
	Others, please specify	

II. The rating below indicates my assessment of applicant's performance and potential in comparison with other student's with the same level of education and experience with whom I have been associated for the past five years.

Please complete this section by ticking appropriate boxes.

	Excellent	Very Good	Good	Average	Below Average
Academic Achievement					
Intellectual Ability					
Capability for Original Thinking					
Capability to Work Independently					
Writing Skills					
Motivation for Research Work					

III. Please indicate in the space provided below your opinion on the applicant's potential to undertake advanced research in the chosen field of study.

You may wish to consider the applicant's:

- (i) Qualifications (ii) Motivation (iii) Ability to read, write and give oral presentations.

Referee's Name

Position

Institution

Signature

Date



UNIVERSITY OF MAURITIUS

Form RDRF

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Address	
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Please complete this section by ticking appropriate boxes.

	Excellent	Very Good	Good	Average	Below Average
Academic Achievement					
Intellectual Ability					
Capability for Original Thinking					
Capability to Work Independently					
Writing Skills					
Motivation for Research Work					

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Referee's Name

Position

Institution

Signature

Date



UNIVERSITY OF MAURITIUS

GUIDELINES FOR RESEARCH PROPOSALS BY PROSPECTIVE APPLICANTS FOR POSTGRADUATE RESEARCH STUDIES

The Research Proposal should be in the form of a report in Harvard or an acceptable reference format and should not exceed 2000 words.

1. Tentative title (*The exact title can be finalised at least three months prior to the submission of the thesis*)
2. Statement of the problem
3. Rationale of the study
4. Objectives of the study
5. Brief Literature Review
6. Methodology
7. Expected Output
8. Research plan (Time Frame)/Activity (Gantt) Chart*
9. Cost of Research Work*
 - (a)
 - (i) Literature
 - (ii) Equipment/Consumables
Specific instruments, chemicals, etc.
 - (iii) Surveys/data collection/experiments/fieldwork
 - (iv) Others (please specify)
 - (b) Proposed sources of funding
Self or sponsored
10. Special requirements for the project
(Ethical clearance, Import permit, storage, health, safety & security hazards, etc.)
11. Give the name(s) of the main/co-supervisors/associate supervisor
12. Brief CVs of potential Supervisor(s) to be submitted

* Both the research plan (8) and cost of research work (9) should be submitted according to the minimum time-frame for the degree.

Computing and printing facilities & access to Internet will be provided by the Faculty/Centre.



UNIVERSITY OF MAURITIUS

Supervisor Agreement Form 1 (Form SA1)

(To be submitted together with Application Form)

Faculty/Centre:	
Applicant's Name:	
Full-Time/Part-Time	F/T: <input type="checkbox"/> P/T: <input type="checkbox"/>
Programme of Study:	MPhil <input type="checkbox"/> MPhil/PhD <input type="checkbox"/> PhD <input type="checkbox"/>
Research project will be:	Fully Sponsored <input type="checkbox"/> Partially Sponsored <input type="checkbox"/> Self-Sponsored <input type="checkbox"/>
Does applicant need to audit module(s) related to his/her research studies	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, please specify the name(s) of the module(s)	
If sponsored, please indicate the Sponsoring Institution/Department:	
Title of Synopsis: <25 words	
Field of Specialisation http://www.uom.ac.mu/provcrci/Research/themes.pdf	

I/we certify that I/we support the proposal

In addition, please tick where appropriate:

- The research proposal submitted is feasible taking into account availability of resources and cost evaluation
- The research proposal does not require any (other) associate/co/external supervision(s)
- I/we have expertise/competence in this field (or related) field of research

	Name of Supervisor(s)	Specify Main/Co /Assoc	Internal/ External	Area(s) of Expertise	PhD (Years)	Signature	Date
1							
2							
3							

Supervisor(s) – Please attach a list of your publications/related publications.

* Guidelines: <http://www.uom.ac.mu/Admissions/Calendar/regulations/mphilphdregulations.htm>