



UNIVERSITY
of
MAURITIUS

Form RDRF

Reference Form

Section to be filled by Applicant:

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: <i>Please tick or fill in as appropriate.</i>	
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



Supervisor Agreement Form

Faculty/Centre:	
Student'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"/>
My research project will be:	Fully Sponsored <input type="checkbox"/> Partially Sponsored <input type="checkbox"/> Self-Sponsored <input type="checkbox"/>
If sponsored, please indicate the Sponsoring Institution/Department:	
Title of Synopsis:	
Field of Specialisation:	

	Name of Supervisor(s)	Specify Main/Co/Assoc	Internal/ External	Area(s) of Expertise
1				
2				

I/we declare that I/we have read the synopsis of the above student and I/we agree to supervise the project.

_____	_____	_____
Name of Supervisor(s):	Signature	Date
_____	_____	_____
Name of Assoc/Co-Supervisor:	Signature	Date

Supervisor(s) – Please attach a copy of your CV including your publications.

*The main/local Supervisors should sign



Student's Progress Form

Please refer to the **University Guidelines for Students Registered for Postgraduate Research Programmes**. This Report will be used by the Faculty Research Committee, as a tool for the monitoring of MPhil/PhD Research Programmes. The assessment made thereon will, constitute the official notification for re-enrolment for the period ending January/August.

A TO BE COMPLETED BY ALL REGISTERED MPHIL/PHD STUDENTS. PLEASE FILL IN THE FORM AND SUBMIT TO YOUR SUPERVISOR(S)

Please use additional paper where necessary for comments/details, etc.

Faculty/Centre:

Student's Name:

Student ID:

A1	Are you currently undertaking coursework, as part of the registered Programme of Studies? If Yes, please specify which module(s).	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
A2	If you are currently undertaking coursework as part of the registered Programme of Studies, are you satisfied with the arrangements made? If No, please comment.	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
A3	Frequency of meetings with the Supervisor. If Other, please comment.	Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Other <input type="checkbox"/>
A4	Have you experienced any academic or personal problem, which has affected your progress during the period of registration? If Yes, indicate the nature of problems affecting progress of research work.	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
A5	Are you satisfied with the Faculty provisions for the timely allocation of resources / facilities. If No, please give details, which may assist in prompt problem solving by the Faculty Research Committee?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
A6	Are you satisfied with the Faculty provisions on Safety Issues? If No please comment.	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>

A7	Have you submitted any research material for publication or for presentation at research seminars/conferences/workshops? If Yes, provide details. (title of presentation, dates, etc.)	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
A8	Overall, are you satisfied with the Faculty provisions for the management of your research programme of study? If No, please comment.	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
A9	How far have you been able to attain your plan mentioned in the progress report? Please indicate your plan with respect to the publication of research papers and/or other research-related activities (eg seminar/ poster presentation, conference attendance etc.)?	
_____ Student's Name		_____ Signature
_____ Date		
B	TO BE FILLED BY THE SUPERVISOR (MAIN OR CO-SUPERVISOR) AND TO SUBMIT TO THE DEAN OF FACULTY	
B1	I/we have read the above and wish to make the following comments, if any.	
B2	Has the student shown consistent and satisfactory progress during the period of registration? If the answer is No , indicate the nature of problems affecting progress of research work.	Yes <input type="checkbox"/> No <input type="checkbox"/>
B3	Given the student's progress and scope of research programme, please provide an <i>anticipated</i> thesis completion date. Do not fill if not applicable. Date:	
B4	SUPERVISOR'S RECOMMENDATION ON STATUS OF STUDENT'S REGISTRATION <i>(Please tick the appropriate box below)</i>	
PERIOD ENDING JANUARY/AUGUST		
	• Ongoing [MPhil or PhD]	<input type="checkbox"/>
	• Transfer to PhD [<i>Refer to University Guidelines</i>]	<input type="checkbox"/>
	• Termination of Registration [MPhil or PhD] [<i>Refer to University Guidelines</i>]	<input type="checkbox"/>
	• Submission of Thesis	<input type="checkbox"/>
_____ Name of Supervisor(s) *		_____ Signature
		_____ Date

* The main/local Supervisors should sign



Transfer Report/Thesis Declaration Form

Faculty/Centre	
Student's Name:	
Student ID:	
Date of Registration:	
Programme of Study:	MPhil <input type="checkbox"/> MPhil/PhD <input type="checkbox"/> PhD <input type="checkbox"/>
Full-Time/Part-Time	Full-time <input type="checkbox"/> Part-Time <input type="checkbox"/>
Title of Thesis:	
Area of Specialisation:	
Name of Supervisor(s):	

Declaration of Student:

In accordance with the appropriate regulations, I hereby submit the above thesis for examination and I declare that:

- (i) I have read and understood the sections on **Plagiarism** found in the University's "Handbook on Rules, Regulations and Procedures Governing MPhil/PhD Programmes (20.../20...)" and certify that the thesis embodies the results of my own work.
- (ii) I have adhered to the 'Harvard system of referencing' or a system acceptable as per "The University of Mauritius Referencing Guide" for referencing, quotations and citations in my dissertation. Each contribution to, and quotation in my thesis from the work of other people has been attributed, and has been cited and referenced.
- (iii) I have not allowed and will not allow, anyone to copy my work with the intention of passing it off as his or her own work.
- (iv) I am aware that I may have to forfeit the degree in the event that plagiarism has been detected after the award.
- (v) Notwithstanding the supervision provided to me by the University of Mauritius, I warrant that any alleged act(s) of plagiarism during my stay as registered student of the University of Mauritius is entirely my own responsibility and the University of Mauritius and/or its employees shall under no circumstances whatsoever be under any liability of any kind in respect of the aforesaid act(s) of plagiarism.
- (vi) Research work has IPR with potential for commercialization. Yes No

_____ Student's Signature	_____ Date
Declaration of Supervisor(s)*:	I/we certify that all necessary corrections have been completed satisfactorily
_____ Signature of Supervisor(s)	_____ Date

* The main/local Supervisors should sign.



Notification for Transfer from MPhil to PhD

Faculty/Centre:	
Student's Name:	
Student ID	
Date of Registration:	
Full-Time/Part-Time:	Full Time <input type="checkbox"/> Part-Time <input type="checkbox"/>
Title of Research:	
Area of Specialisation	

Please attach abstract in electronic version

Name of Supervisor(s)	
------------------------------	--

The research work has IPR with potential for commercialisation.

Yes No

Student's Name	Signature	Date
-----------------------	------------------	-------------

Read and Approved by Supervisor *

_____	_____	_____
Name(s)	Signature(s)	Date

Submit to:	Faculty' s Registry
-------------------	----------------------------

* The main/local Supervisors should sign



External Assessor's Report & Recommendation

External Assessor's Name:	
Student's Name:	
Student ID:	
Title of the MPhil Transfer Report:	

Please make one of the following recommendations:

• Transfer to PhD	<input type="checkbox"/>
• Revision and resubmission for a transfer to PhD to the satisfaction of the Supervisor	<input type="checkbox"/>
• Revision and resubmission for a transfer to PhD to the satisfaction of the External Assessor	<input type="checkbox"/>
• Revision and resubmission for an MPhil degree only to the satisfaction of the Supervisor	<input type="checkbox"/>
• Revision and resubmission for an MPhil degree only to the satisfaction of the External Assessor	<input type="checkbox"/>

_____	_____	_____
External Assessor	Signature	Date

Please give a detailed report on the following:

The student's understanding of the field of study and familiarity with published work in the field.
An assessment of the report in relation to the research objectives, methodologies and findings.
The general presentation of the report.

The External Assessor will provide a list of typographical errors and amendments, if any, to be made to the text.



Notification for Submission of Thesis

[Submission should be within the three months period]

To be filled in consultation with the Supervisor(s)	
Faculty/Centre:	
Student's Name:	
Student ID:	
Date of Registration:	
Full-Time/Part-Time:	Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/>
Programme of Study:	MPhil <input type="checkbox"/> PhD <input type="checkbox"/>
Thesis Title:	
*Area of Specialisation (Keywords only)	
Proposed Date of Submission:	

The research work has IPR with potential for commercialisation. Yes No

Enclosed is a two-page abstract in electronic version

Student's Name	Signature	Date
----------------	-----------	------

Read and Approved by Supervisor(s) **

Name	Signature	Date
------	-----------	------

Dean of Faculty	Signature	Date
-----------------	-----------	------

Submit to:	Registrar's Office, 7 th Floor, NAC
------------	--

* Full list of 'areas of specialisation' is available at the Faculty's/Centre's Registry.

** The main/local Supervisors should sign.



External Examiner's Report & Recommendation

External Examiner's Name:	
Student's Name:	
Student ID:	
Programme of Study:	<input type="checkbox"/> MPhil <input type="checkbox"/> PhD
Thesis Title:	

Please make one of the following recommendations:

• Immediate award of PhD with no corrections	<input type="checkbox"/>
• Immediate award of PhD with minor typographical errors to be corrected to the satisfaction of the supervisor(s)	<input type="checkbox"/>
• Award of PhD subject to amendments to the text of the thesis being made to the satisfaction of the supervisor(s)	<input type="checkbox"/>
• Revision and resubmission for PhD degree to the satisfaction of the Supervisor	<input type="checkbox"/>
• Revision and resubmission for PhD degree (in case the examiner is not satisfied with the resubmission, the award will be an MPhil degree)	<input type="checkbox"/>
• Award of an MPhil degree without amendments	<input type="checkbox"/>
• Award of an MPhil degree with amendments to the satisfaction of the Supervisor(s)	<input type="checkbox"/>
• Revision and resubmission for MPhil degree to the satisfaction of the Supervisor	<input type="checkbox"/>
• Revision and resubmission for MPhil degree	<input type="checkbox"/>
• No Award with no resubmission.	<input type="checkbox"/>

External Examiner	Signature	Date
-------------------	-----------	------

Please give a detailed report on the following:

The student's understanding of the field of study and familiarity with published work in the field.
An assessment of the thesis in relation to the research objectives, methodologies and findings.
Originality and contribution to the knowledge of the subject.
General presentation of the thesis.
Viva Voce Examination, where applicable

The External Examiner will provide a list of typographical errors and amendments, if any, to be made to the text.