



**UNIVERSITY  
of  
MAURITIUS**

**Form RDRF**

**Reference Form**

<b>Section to be filled by Applicant:</b>	
<b>Address</b>	
<b>Telephone and/or Email Address</b>	

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 have known the candidate: <i>Please tick or fill in as appropriate.</i>	
<b>For a period of</b>	<b>1 year</b> <input type="checkbox"/>
	<b>2 years</b> <input type="checkbox"/>
	<b>3 years</b> <input type="checkbox"/>
	<b>More than 3 years</b> <input type="checkbox"/>
<b>In my capacity as</b>	<b>Lecturer</b> <input type="checkbox"/>
	<b>Project/Thesis Supervisor</b> <input type="checkbox"/>
	<b>Others, please specify</b>

- 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.

<b>Referee's Name</b>	<b>Position</b>	<b>Date</b>
_____	_____	
<b>Institution</b>	<b>Signature</b>	
_____	_____	_____



# UNIVERSITY of MAURITIUS

Form SA1

## Supervisor Agreement Form 1

*(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 <a href="http://www.uom.ac.mu/provcrci/Research/themes.pdf">http://www.uom.ac.mu/provcrci/Research/themes.pdf</a>			

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

No.	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/philphdregulations.htm>



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**Form SPF**

**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:

<b>A1</b>	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"/>
<b>A2</b>	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"/>
<b>A3</b>	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"/>
<b>A4</b>	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"/>
<b>A5</b>	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"/>
<b>A6</b>	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"/>

<b>A7</b>	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"/>
<b>A8</b>	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"/>
<b>A9</b>	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.)?	
_____		_____
	<b>Student's Name</b>	<b>Signature</b>
	<b>Date</b>	
<b>B</b>	<b>TO BE FILLED BY THE SUPERVISOR (MAIN OR CO-SUPERVISOR) AND TO SUBMIT TO THE DEAN OF FACULTY</b>	
<b>B1</b>	I/we have read the above and wish to make the following comments, if any.	
<b>B2</b>	Has the student shown consistent and satisfactory progress during the period of registration? If the answer is <b>No</b> , indicate the nature of problems affecting progress of research work.	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>B3</b>	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.  <b>Date:</b>	
<b>B4</b>	<b>SUPERVISOR'S RECOMMENDATION ON STATUS OF STUDENT'S REGISTRATION</b> <i>(Please tick the appropriate box below)</i>	
<b>PERIOD ENDING JANUARY/AUGUST</b>		
	<ul style="list-style-type: none"> <li>• Ongoing [MPhil or PhD] <input type="checkbox"/></li> <li>• Transfer to PhD [<i>Refer to University Guidelines</i>] <input type="checkbox"/></li> <li>• Termination of Registration [MPhil or PhD] [<i>Refer to University Guidelines</i>] <input type="checkbox"/></li> <li>• Submission of Thesis <input type="checkbox"/></li> </ul>	
_____		_____
<b>Name of Supervisor(s) *</b>		<b>Signature</b>
		<b>Date</b>

\* 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 <b>Plagiarism</b> 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. <span style="float: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></span>
<p>_____</p> <p><b>Student's Signature</b> <span style="float: right;"><b>Date</b></span></p>	
<p><b>Declaration of Supervisor(s)*: I/we certify that all necessary corrections have been completed satisfactorily</b></p> <p>_____</p> <p><b>Signature of Supervisor(s)</b> <span style="float: right;"><b>Date</b></span></p>	

\* The main/local Supervisors should sign.



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Form RDT1

**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)	
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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
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\* The main/local Supervisors should sign





**External Assessor's Recommendation**

<b>External Assessor's Name:</b>	
<b>Student's Name:</b>	
<b>Student ID:</b>	
<b>Title of the MPhil Transfer Report:</b>	

**Please make one of the following recommendations:**

<ul style="list-style-type: none"><li>• Transfer to PhD <input type="checkbox"/></li><li>• Revision and resubmission for a transfer to PhD to the satisfaction of the Supervisor <input type="checkbox"/></li><li>• Revision and resubmission for a transfer to PhD to the satisfaction of the External Assessor <input type="checkbox"/></li><li>• Revision and resubmission for an MPhil degree only to the satisfaction of the Supervisor <input type="checkbox"/></li><li>• Revision and resubmission for an MPhil degree only to the satisfaction of the External Assessor <input type="checkbox"/></li></ul>
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_____	_____	_____
<b>External Assessor</b>	<b>Signature</b>	<b>Date</b>



**External Assessor's Report**

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

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.

_____	_____	_____
External Assessor	Signature	Date

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
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Read and Approved by Supervisor(s) \*\*

Name	Signature	Date
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Dean of Faculty	Signature	Date
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Submit to:	Registrar's Office, 7 <sup>th</sup> Floor, NAC
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\* Full list of 'areas of specialisation' is available at the Faculty's/Centre's Registry.  
\*\* The main/local Supervisors should sign.



**External Examiner's Recommendation**

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

**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"/>

<hr/>	<hr/>	<hr/>
<b>External Examiner</b>	<b>Signature</b>	<b>Date</b>

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**External Examiner's Report**

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

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

_____	_____	_____
External Examiner	Signature	Date

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