



**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 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	Date
Institution	Signature	



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"/>
Funding of Research project:	Fully Sponsored <input type="checkbox"/> Partially Sponsored <input type="checkbox"/> UoMFunded <input type="checkbox"/> Self-Sponsored <input type="checkbox"/>
Does applicant need to audit module(s) related to his/her research studies If Yes, please specify the name(s) of the module(s)	Yes <input type="checkbox"/> No <input type="checkbox"/>
If sponsored, please indicate the Sponsoring Institution/Department:	
Title of Synopsis: <25 words	
Field of Specialisation http://www.uom.ac.mu/images/Files/Research/ResearchStudents/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 ¹	Internal/External	Area(s) of Expertise	No. Years of Post PhD	Signature	Date
1							
2							
3							

Internal Supervisor(s) – Please attach a list of your relevant publications.

External Supervisor(s) – Please provide a letter of agreement and detailed curriculum vitae including a list of your publications/related publications. In the event that there are two (2) or more supervisors, please fill in the following Supervisors' Table.

¹ Please refer to the definition of supervisors and criteria for supervision at http://www.uom.ac.mu/Images/Files/Regulations/MPhilPhD/2016_2017/chap3.pdf

Supervisors' Table

Application to read for an MPhil/PhD Degree

Name:

Title of Research:

	Supervisors	Main/Co-Supervisors/ Associate Supervisor	Expertise	Part of Project being supervised
1.				
2.				
3.				
4.				



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 (Please tick the appropriate box below)	
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



**UNIVERSITY
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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

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

Please make one of the following recommendations:

<ul style="list-style-type: none">• 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"/>
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_____	_____	_____
External Assessor	Signature	Date



**UNIVERSITY
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Form RDT2(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 th 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

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:

<ul style="list-style-type: none">• Award of PhD with no corrections <input type="checkbox"/>• Award of PhD subject to minor corrections to the satisfaction of the supervisor(s) and a person designated by the Deans of Faculty/Officer-in-Charge, CILL <input type="checkbox"/>• Award of PhD subject to substantial amendments to the satisfaction of the supervisor(s) and a person designated by the Deans of Faculty/Officer-in-Charge, CILL <input type="checkbox"/>• Substantial amendments/major revision and re-examination by External Examiner (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) and a person designated by the Deans of Faculty/Officer-in-Charge, CILL <input type="checkbox"/>• Revision and resubmission for MPhil degree to the satisfaction of the Supervisor(s) and a person designated by the Deans of Faculty/Officer-in-Charge, CILL <input type="checkbox"/>• Revision and resubmission to the External Examiner for MPhil degree <input type="checkbox"/>• Reject the Thesis <input type="checkbox"/>	
<hr/>	
External Examiner	Signature
	Date



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:	

The External Examiner's report should include the following:

<ul style="list-style-type: none">Brief description of thesis and summary of the main achievements of the research work.
<ul style="list-style-type: none">Originality of the research and its contribution to the advancement of knowledge in the field.
<ul style="list-style-type: none">Assessment of literacy style and presentation.
<ul style="list-style-type: none">Assessment of the candidate's acquaintance with the relevant literature, mastery of techniques, understanding of scientific methods and his/her capability of assessing the significance of findings, logical and correct presentation of results.
<ul style="list-style-type: none">Technical quality of the thesis.
<ul style="list-style-type: none">Any additional comments and specific queries on findings.

_____	_____	_____
External Examiner	Signature	Date

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