

|  |
| --- |
| **DOCTORAL STUDY PLAN** |

|  |  |
| --- | --- |
| Student Name: | Student ID Number: |
| Date: | Term: |
| Programme: | Academic Year: |
| Faculty: | Mode of Study: □ Full-time □ Part-time |

**Planned Programme Study:**

|  |  |  |  |
| --- | --- | --- | --- |
| **MODULE CODE** | **MODULE NAME** | **Term/Year** | **Comments** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Evaluation of Study Skills Needs:**

|  |
| --- |
|  |

**Comments**

|  |
| --- |
|  |

**I have read the study plan and comments and agree that it accurately represents the discussions.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student Date**

|  |  |
| --- | --- |
| **PRINT NAME** | **APPROVALS** |
|  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Student Academic Tutor Date** |
|  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **HoP/ Programme Coordinator Date** |

**Note:** A copy of the study plan to be forwarded to the Faculty Administrator