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| **DOCTORAL STUDY PLAN** |

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

**Planned Programme Study:**

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| **MODULE CODE** | **MODULE NAME** | **Term/Year** | **Comments** |
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**Evaluation of Study Skills Needs:**

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**Comments**

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

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  **Student Date**

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| **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