

# Faculty of Health Sciences

*Caring for tomorrow*

**202\_\_**

**POSTGRADUATE STUDIES APPLICATION FORM**

**Department of Pharmacy**

**NELSON MANDELA UNIVERSITY**

**YOUR NAME: ………………………………………………………………………………...**

**DEGREE YOU WANT TO ENROL FOR: …………………………………………………**

**Part-time / Full-time** (please circle)

**PROPOSED TITLE FOR YOUR STUDY:**

**…………………………………………………………………………………………………..**

**If you have been in contact with any staff member(s)/potential supervisor(s), please provide their name(s):**

**…………………………………………………………………………………………………..**

**Explain briefly your intended study under the following headings:**

* Introduction/Background
* Problem statement
* Primary aim and objectives
* Research methodology
* Proposed timeframe

**Attach to this form an updated copy of you comprehensive curriculum vitae and your FULL academic record and email to** [**pharmacy.research@mandela.ac.za**](mailto:pharmacy.research@mandela.ac.za)

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Signature Date

**NB: Please make sure that you also submit an online application through** [**https://applyonline.mandela.ac.za/step1new.aspx**](https://applyonline.mandela.ac.za/step1new.aspx) **to be processed by the faculty**