Student Name: ______________________________  ID number: ______________________________

Faculty: _________________________________  Department: ____________________________

Please tick as appropriate:

The aforementioned student, in fulfilment of the requirement of the Masters Qualifier (MQ5000), has completed the prescribed number taught and project modules listed below and attained a minimum cumulative QCA of greater than or equal to 3.00. Please tick as appropriate:  Yes ☐  No ☐

A copy of the Masters Qualifier transcript of results should be attached to this form.

Module Code: __________________  Module Title: ________________________________

Module Code: __________________  Module Title: ________________________________

Module Code: __________________  Module Title: ________________________________

Module Code: __________________  Module Title: ________________________________

Module Code: __________________  Module Title: ________________________________

Module Code: __________________  Module Title: ________________________________

Supervisor:
Name: _________________________  Signature: ________________________________  Date: _________

Joint supervisor:
Name: _________________________  Signature: ________________________________  Date: _________

Head of Dept:
Name: _________________________  Signature: ________________________________  Date: _________

Assistant Dean Research:
Name: _________________________  Signature: ________________________________  Date: _________

The completed form should be returned to the Student Academic Administration Office.