

Student Name:	Student ID number:	_
Faculty:	Department:	_
	nirement of the master's qualifier (MQ5000), has completed the transfer described below and attained a minimum cumulative Quase tick as appropriate: Yes No	
A copy of the master's Qualifier trans	ascript of results should be attached to this form.	
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 submitted to ($\underline{Academic\ Registry\ via\ Topdesk}$).

Doctoral College Rev 8: April 2024