1. **Candidate Details**

|  |  |
| --- | --- |
| Name |  |
| Student ID |  |
| Preferred Email |  |
| Phone Number |  |
| [ORCID ID](http://orcid.org/) |  |
| Course Title | **Please place an X in one of the boxes below**

|  |  |
| --- | --- |
|   | PhD |
|  | Professional Doctorate |
|  | Masters by Research |
|  | First Class Honours |

 |
| School | **Please place an X in one of the boxes below**

|  |  |
| --- | --- |
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|  | Business and Law |
|  | Education |
|  | Engineering |
|  | Medical and Health Sciences |
|  | Nursing and Midwifery |
|  | Science |
|  | WAAPA |

 |
| Thesis Format | **Please place an X in one of the boxes below**

|  |  |
| --- | --- |
|   | Standard |
|  | With publication |
|  | Creative Work and Exegesis |

 |
| Supervisor 1 |  |
| Supervisor 2 |  |
| Supervisor 3 |  |
| Supervisor 4 |  |
| Thesis Title |  |
| Field of Research (FoR) Code/s |  |
| Keywords |  |

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