



RESEARCH DEGREE APPLICATION FORM

This form should be typewritten or word-processed

SURNAME: MAIDEN NAME: (If applicable)	FIRST NAME(S):
GENDER:	DATE OF BIRTH:
POSTAL ADDRESS:	
Home Address (If different from above):	
TELEPHONE NUMBER HOME: MOBILE: OFFICE: FAX:	EMAIL:
NATIONALITY:	NIC: PASSPORT No: <i>(for international candidates)</i>
ARE YOU A MEMBER OF STAFF OF UNIVERSITÉ DES MASCAREIGNES (Yes or no):	

WHICH RESEARCH DEGREE DO YOU WISH TO APPLY FOR?

RESEARCH DEGREE	Full-time	Part-Time
Master of Philosophy (MPhil)	2 years	3 years
MPhil/PhD ¹	3 years	5 years
Doctor of Philosophy (PhD)	3 years	5 years

RESEARCH DEGREE APPLIED FOR:	
MODE OF STUDY (Full time or Part Time):	

¹ MPhil/PhD

Candidates wishing to acquire the PhD degree but only holding a Bachelor's degree can apply for an MPhil/PhD degree. The MPhil registration within a PhD programme normally lasts between 12 to 18 months. The candidate can then request for a transfer from MPhil/PhD to full PhD registration after passing an upgrade exam (MPhil Transfer to PhD report).

EDUCATIONAL QUALIFICATIONS² *(list graduate qualifications only)*

Institution	Award	Year

LETTER OF MOTIVATION (Why do you want to do research?)

² Entry requirements

MPhil We require applicants to hold at least an Upper Second class Honours degree (or overseas equivalent) in a related subject area

MPhil/PhD We require applicants to hold at least an Upper Second class Honours degree (or overseas equivalent) in a related subject area..

PhD We require applicants to hold an MPhil or a Master's degree (or overseas equivalent) in a related subject area.

WHICH GENERAL AREA YOU WISH TO STUDY?

- Engineering and Sustainable Development
- Information and Communication Technology
- Management and Social Sciences
- Sustainability and Climate Change
- Digital Humanities
- E-Health

GENERAL AREA OF STUDY:	
PROPOSED TITLE OF YOUR RESEARCH STUDY:	

RESEARCH PROPOSAL (See guidelines on website. Please fill in the section below AND also attach separately an anonymised copy of your research proposal)

--

DETAILS OF SUPERVISOR³ (this section is to filled and signed by supervisor)

TITLE:	
SURNAME:	
NAME(S):	
POSITION:	
UNIVERSITY/ RESEARCH CENTER:	
ADDRESS:	
PHONE No:	
MOBILE No:	
EMAIL:	
AREA OF EXPERTISE:	

I hereby accept to supervise the work of -----

Date:

Signature of supervisor:

REFEREES (Please give details of two referees)

NAME:		NAME:	
POSITION:		POSITION:	
INSTITUTION:		INSTITUTION:	
ADDRESS:		ADDRESS:	
TELEPHONE NUMBER:		TELEPHONE NUMBER	
EMAIL:		EMAIL:	

³ **Eligibility Criteria for MPhil / PhD Supervisor**

An academic staff of Université des Mascareignes who holds a PhD degree with a minimum of 3 published articles in recognised and reputed international journals.

Or

An eminent scholar outside Université des Mascareignes with publications in recognised and reputed international journals

Or

A person employed in an approved institution not fulfilling prescribed qualifications as above: in such a case, the Director General should give specific approval in writing to their appointment as co-supervisors, where they are not currently active researchers, but have prior recent appropriate research experience.

Previous experience of successful supervision at all stages through to completion at the appropriate level (i.e. MPhil for supervision of MPhil candidate and PhD for supervision of PhD candidate) is a necessary condition to be appointed as Director of Studies/Main supervisor.

DECLARATION OF APPLICANT

I, Mr/Miss/Mrs.....,
solemnly declare that if admitted to the University, I will diligently follow the course of study for which I am selected till its termination, that I will inform the University in writing and without delay if I withdraw from the course and that I will conform to all rules and regulations of the University. I certify that I will pay in advance all fees and dues required and I also declare that all the above given information is true and correct.

Applicant's Signature:	
Date:	

PLEASE SEND YOUR COMPLETED APPLICATION FORM AND ACCOMPANYING DOCUMENTS TO

The Doctoral School at ecoledoctorale@udm.ac.mu

or alternatively mail to

**The Head of Doctoral School, Université des Mascareignes, Rose Hill Campus,
Avenue de la Concorde, Roches Brunes, Mauritius.**

FOR OFFICE USE ONLY

Date received:	
Date sent to Assessor:	
Receipt of Research Proposal Decision Form	