

# Annual Unisa Research & Innovation Postgraduate Student Showcase

## Submission form TICK THE APPLICABLE

|   |  |
|---|--|
| Arts and Humanities<br>(CHS)                    |  |
| Natural and Physical Science<br>(CAES & CSET)   |  |
| Social Science<br>(CAS, CEDU, CEMS, CLAW & SBL) |  |

| Honours | Postgraduate Diploma | Masters | Doctoral |
|---------|----------------------|---------|----------|
|         |                      |         |          |

### POPULATE

|   |  |  |                   |
|---|--|--|-------------------|
| Full names  |  |  |                   |
| Surname:  |  | Student number:                                | Title (Mr/Ms/Dr): |
| Nationality:  |  |  |                   |
| E-mail:   |  | Telephone/mobile phone:                        |                   |
| Are you currently registered for 2024 (Yes/No):   |  | Attached 1: Provide proof of 2024 registration |                   |
| Qualification currently registered for:   |  | Highest qualification:                         |                   |
| College:  |  | Department:                                    |                   |
| Attached 2: ID / Passport copy  |  |  |                   |
| Title of abstract:  |  |  |                   |
| <p>I declare that</p> <ul style="list-style-type: none"> <li>the information given above is to the best of my knowledge, correct and accurate,</li> <li>the work presented in the abstract is my own, and that where I incorporated other people's work such work has been correctly referenced,</li> <li>I have adhered strictly with the page length requirement for the abstract and I understand that failure to adhere to this requirement will result in my abstract being rejected, and</li> <li>Privacy Notice in terms of Protection of Personal Information Act No. 4 of 2013:</li> </ul> <p>I give consent that R&amp;I Postgraduate Student Showcase under the College of Graduate Studies may collect, use, distribute, process and communicate my personal information for all required Unisa's stakeholders' institutional activities which includes, but not limited to, institutional events and other related communication and marketing activities. I also consent that Unisa may share my personal information with third parties rendering database management facilities on behalf of the University. I will not hold the University responsible for any improper or unauthorized use of personal information that is beyond its reasonable control.</p> |  |  |                   |
| Signature:  |  | Date:  |                   |

**DO NOT SUBMIT ENCRYPTED DOCUMENTS THAT WILL NEED PASSWORDS**  
Please submit this submission form, the abstract, proof of registration, copy of ID/passport: [showcase@unisa.ac.za](mailto:showcase@unisa.ac.za)

Define tomorrow.

UNISA

