

## PRELIMINARY RESEARCH PLAN – DOCTORAL DEGREE PROGRAMME

## [This plan is to be completed within 2 weeks from the date of issuance by the Academic Affairs Office - Admissions]

To the Dean of the Choose an item.

A – Candidate's information (Applicant No:Click here to enter text.)

Full Name	
Email Address	
Contact number	
Area of knowledge	Choose an item.
Area of specialization of the proposed	
research project	
Intended supervisor (if any)	

## **B** – **Preliminary research plan** (brief justification for the choice of the topic, initial objectives, methods to be adopted and expected timeline)



## PRELIMINARY RESEARCH PLAN – DOCTORAL DEGREE PROGRAMME

Preliminary research plan (cont.)

[The following section is to be completed by the University of Saint Joseph]

**C** – **Comments by intended supervisor on the proposed research plan** (*relevance and feasibility of the research project, adequacy of the proposed methods for the intended objectives, adequacy of the research plan to the candidate's Curriculum Vitae*)

Applicant's signature
Intended supervisor's signature
(if any)
Dean's Signature