



**HOD-7 REPLACEMENT FORM**

**\*To be completed by student**

STUDENT NAME: \_\_\_\_\_

STUDENT NUMBER: \_\_\_\_\_

Proposed topic name: \_\_\_\_\_

Offering Department : \_\_\_\_\_

\_\_\_\_\_

Student's signature

Date

\_\_\_\_\_

\_\_\_\_\_

Supervisor's signature

Date

\_\_\_\_\_

\_\_\_\_\_

**\*To be completed by Department**

\_\_\_\_\_

The above topic may replace:

\_\_\_\_ 1 MMG Topic

Graduate Coordinator's signature

Date

\_\_\_\_\_

\_\_\_\_\_