



SUBMISSION / ACCEPTANCE FORM OF MASTER PROJECT 2 FINAL REPORT
 (FILLED IN BY STUDENTS IN TWO (2) COPIES)

STUDENT NAME
 (FILL IN CAPITAL LETTERS)

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MATRIX NO.

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IDENTITY CARD/ PASSPORT NO.

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SPECIFIC (FIRST-DEGREE)

PROJECT TITLE

CORE AREAS OF TECHNICAL AND VOCATIONAL EDUCATION

SELECT A FIELD CLOSEST TO THE TITLE. MARK (✓)

Teaching & Learning PTV in the Field Specialization	
Development Professionalism in the PTV	
Curriculum in PTV	
Learning Electronics and Multimedia	
Sociology And Women in the PTV	
Development in the PTV	
Infrastructure in the PTV	
Quality in the PTV	
Issues Global and Social in the PTV	
Education Advanced and Continuous in the PTV	
Education Special in PTV	

Supervisor's Name

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Faculty confirms receiving two (2) Masters Project 2 hardbound from students above.

Representatives of the receiving department

Name:

Position:

Staff no.:

Date: