

CHALLENGES AND SUPPORT NEEDS OF MATURE POSTGRADUATE PART-TIME STUDENTS AT A HIGHER EDUCATION INSTITUTION

BY

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I hereby consent voluntarily to participate in this study. I have been given a copy of this form.

Name of Subject/Participant

.....

Name of Legal Representative (if applicable)

Signature of Subject/Participant or Legal Representative

Date

.....

SIGNATURE OF INVESTIGATOR

I declare that I explained the information given in this document to _____
_____. He/she was encouraged and given ample time to ask me any questions. This
conversation was conducted in Afrikaans/English and no translator was used.

Signature of Investigator

Date