

APPLICATION FOR SUPERVISOR

CANDIDATE INFORMATION

NAME : _____ MATRIC NO. : _____

PROGRAMME : _____ FACULTY : _____

RESEARCH TOPIC : _____

STUDENT'S SIGNATURE : _____ DATE : _____

Note: Please attach a minimum of two (2) pages of research proposal.

FACULTY ACKNOWLEDGEMENT

PROPOSED SUPERVISOR (S)

MAIN : _____

CO (if any) : _____

HEAD OF PROGRAMME

NAME :

SIGNATURE :

DATE :

FOR CGS USE

DEAN'S REMARK : _____

SIGNATURE : _____ DATE : _____