



Centre for
Graduate
Studies

APPLICATION FOR PROPOSAL DEFENSE

This form is to be submitted together with four (4) copies of the research proposal.

PART 1: To be completed by the Candidate

Candidate's Name		IC No. / Passport No.	
Matric No.		Faculty	
Email		Contact No.	
Programme		Intake	
Supervisor 1			
Supervisor 2			
Supervisor 3			
Title of proposal			

Candidate's Signature: _____

Date : _____

PART 2: To be completed by Supervisor

a. Proposed EXAMINER

NAME	POSITION
1.	
2.	

Signature : _____

Name : _____

Date : _____

PART 3: Approval by Faculty Postgraduate Committee

a. Approved EXAMINER

NAME	POSITION	ADDRESS & CONTACT NO.
1.		
2.		

b. I hereby certify that the above nominated Examiners are in compliance with the UNISEL's selection criteria of appointing the examiners.

Signature : _____

Name : _____

Designation : Deputy Dean (Postgraduate)

Date : _____ Official Stamp :

PART 4 : Endorsement by CGS

Signature : _____

Name : _____

Designation :

Date : _____ Official Stamp :