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|  | **Centre for****Graduate Studies** |
| **APPLICATION FOR SUPERVISOR(S)** |

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| **PART 1 – CANDIDATE’S DETAILS** **(TO BE COMPLETED BY THE CANDIDATE)** |

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| Name  |  |
| Student ID. |  |
| Programme |  |
| Faculty |  |
| Contact No. |  |
| Email  |  |
| Title of Research Proposal |  |
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| **PROPOSED SUPERVISOR(S)** |
|  |
| **NAME** | **E-MAIL ADDRESS** | **CONTACT NO.** |
| Supervisor 1: |  |  |
| Supervisor 2 (if any) : |  |  |
| Supervisor 3 (if any) : |  |  |
| Candidate’s Signature : | Name: | Date : |

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| **PART 2: RECOMMENDATION BY FACULTY** |
|  |
| **NAME** | **E-MAIL ADDRESS** | **CONTACT NO.** |
| Supervisor 1: |  |  |
| Supervisor 2 (if any) : |  |  |
| Supervisor 3 (if any) : |  |  |
| **Signature:** | **Name:** | **Date:** |

 **\*Signed by Coordinator/Deputy Dean (Research & Postgraduate)/Deputy Dean (Academic)/Dean**

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| **PART 3: CENTRE FOR GRADUATE STUDIES (CGS)****OFFICE USE ONLY** |
| **Signature:** | **Name:** | **Date:** |