

INSTITUTE FOR POSTGRADUATE STUDIES

POSTGRADUATE PROGRAMME  
APPLICATION FOR THE CHANGE OF SUPERVISION ARRANGEMENT

PART I: TO BE COMPLETED BY THE CANDIDATE (Please circle the relevant)

FULL NAME: \_\_\_\_\_

ID NUMBER: \_\_\_\_\_

PROGRAMME:

FACULTY: FOE/ FCI/ FCM/ FOM/ GSM/ FET/ FIST/ FOB

*For Structure A* : M.Phil. (Mgmt.) / M.Eng.Sc. / M.Sc. (I.T.) /  
M.Sc. (C.M.) Ph.D. (Mgmt.) / Ph.D. (Eng.) / Ph.D. (I.T.) / Ph.D. (C.M.)

*For Structure B & C* : M.Eng (Tele) / M.Eng (Micro) / M.Eng (Photonics) /  
M.Eng (Embedded System) / M.Eng(Advance Manufacturing Mgmt.) /  
MBA / DBA / MKM with Multimedia / MKM (E-Learning Tech.) /  
M.IT (Multimedia Comp.) / M.Comp.Sc. / M.IT (Info. Sys)

CAMPUS: CYBERJAYA/MELAKA/PSDC/OTHERS

NATIONALITY: \_\_\_\_\_

MODE OF STUDY: FULL TIME/ PART TIME

GENDER: MALE/FEMALE

DATE OF INITIAL REGISTRATION: \_\_\_/\_\_\_/\_\_\_  
dd mm yr

END OF CANDIDATURE: \_\_\_/\_\_\_/\_\_\_  
dd mm yr

TITLE OF THESIS/DISSERTATION/PROJECT: \_\_\_\_\_

SIGNATURE OF CANDIDATE: \_\_\_\_\_

DATE: \_\_\_/\_\_\_/\_\_\_  
dd mm yr

**PART II : CHANGE OF SUPERVISION ARRANGEMENT**

**I) CHANGE OF SUPERVISOR**

CURRENT SUPERVISOR: \_\_\_\_\_

PROPOSED NEW SUPERVISOR: \_\_\_\_\_

NUMBER OF STUDENTS CURRENTLY SUPERVISED BY PROPOSED NEW SUPERVISOR (*applicable for Structure A only*):

i) AS SUPERVISOR	<input type="checkbox"/>	PhD	<input type="checkbox"/>	Master
ii) AS CO-SUPERVISOR	<input type="checkbox"/>	PhD	<input type="checkbox"/>	Master

NUMBER OF STUDENTS CURRENTLY SUPERVISED BY PROPOSED NEW SUPERVISOR (*applicable for Structure B & C only*):

i) NEW	<input type="checkbox"/>
ii) COMMENCING	<input type="checkbox"/>
iii) IN PROGRESS	<input type="checkbox"/>
iv) FINISHING	<input type="checkbox"/>

REASON FOR THE CHANGE OF SUPERVISOR: \_\_\_\_\_

\_\_\_\_\_

Signature and official stamp of current supervisor: \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_  
dd mm yr

Signature and official stamp of new supervisor: \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_  
dd mm yr

**II) CHANGE OF CO-SUPERVISOR (*applicable for Structure A only*)**

CURRENT CO-SUPERVISOR: \_\_\_\_\_

PROPOSED NEW CO-SUPERVISOR: \_\_\_\_\_

NUMBER OF STUDENTS CURRENTLY SUPERVISED BY PROPOSED NEW CO-SUPERVISOR:

i) AS SUPERVISOR	<input type="checkbox"/>	PhD	<input type="checkbox"/>	Master
ii) AS CO-SUPERVISOR	<input type="checkbox"/>	PhD	<input type="checkbox"/>	Master

REASON FOR THE CHANGE OF CO-SUPERVISOR: \_\_\_\_\_

\_\_\_\_\_

Signature and official stamp of current co-supervisor: \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_  
dd mm yr

Signature and official stamp of new co-supervisor: \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_  
dd mm yr



- (2) The Senate shall consider the change of supervision arrangement upon recommendation from the Faculty R&D Committee through the Board of Postgraduate Studies.