

INSTITUTE FOR POSTGRADUATE STUDIES

POSTGRADUATE PROGRAMME

APPLICATION FOR THE CHANGE OF DISSERTATION/ PROJECT TITLE

1. The candidate is required to obtain the recommendation from the Supervisors and the Dean of the faculty.
2. The candidate shall submit the application to the faculty.

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

CURRENT TITLE OF DISSERTATION/PROJECT: _____

PROPOSED TITLE OF DISSERTATION/PROJECT: _____

REASON FOR CHANGE: _____

SIGNATURE OF CANDIDATE: _____

DATE: ___/___/___
dd mm yr

PART II:

RECOMMENDATION FROM SUPERVISOR, CO-SUPERVISOR AND THE DEAN OF FACULTY
(Kindly tick the appropriate)

SUPERVISOR

RECOMMENDED NOT RECOMMENDED

SUPERVISOR'S COMMENTS (If any):

NAME OF SUPERVISOR: _____ SIGNATURE AND OFFICIAL STAMP: _____

DATE: _____

CO-SUPERVISOR

RECOMMENDED NOT RECOMMENDED

CO-SUPERVISOR'S COMMENTS (If any):

NAME OF CO-SUPERVISOR: _____ SIGNATURE AND OFFICIAL STAMP: _____

DATE: _____

DEAN OF FACULTY

RECOMMENDED NOT RECOMMENDED

DEAN OF FACULTY'S COMMENTS (If any):

NAME OF DEAN OF FACULTY: _____ SIGNATURE AND OFFICIAL STAMP: _____

DATE: _____

PART III: FOR FACULTY USE

Date of Faculty R&D Committee meeting: ___/___/___
dd mm yr

PART IV: FOR INSTITUTE FOR POSTGRADUATE STUDIES USE

Received and Verified by IPS Manager:-

NAME: _____

SIGNATURE AND OFFICIAL STAMP: _____

DATE: _____

Note:

- (1) The Faculty shall send the form to IPS after the Faculty R&D Committee Meeting.
- (2) The Senate shall consider the change of thesis title upon recommendation from the Faculty R&D Committee through the Board of Postgraduate Studies.