

INSTITUTE FOR POSTGRADUATE STUDIES

POSTGRADUATE PROGRAMME

APPLICATION FOR CONTRACT EXTENSION OF GRA

1. The candidate must submit the application for contract extension of GRA at least THREE months in advance to IPS.
2. The candidate is required to submit the application form with the progress report and Gantt chart of the project plan.
3. The progress report must be verified by the Project Leader/ Supervisors.
4. The candidate is required to obtain the recommendation from the Project Leader/ Supervisors.
5. The extension shall be considered for a maximum of SIX months for Masters and TWELVE months for Ph.D.

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

FULL NAME: _____ ID NUMBER: _____

PROGRAMME:
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.)

FACULTY: FOE/ FIT/ FCM/ FOM/ FET/ FIST/ FBL

CAMPUS: CYBERJAYA/MELAKA/PSDC/OTHERS

NATIONALITY: _____

GENDER: MALE/FEMALE

DATE OF GRA REGISTRATION: ___/___/___
dd mm yr

END OF GRA CONTRACT: ___/___/___
dd mm yr

TITLE OF PROJECT: _____

EXTENSION PERIOD APPLIED FROM: ___/___/___ TO: ___/___/___
dd mm yr dd mm yr

DURATION OF EXTENSION: _____ MONTHS

JUSTIFICATION FOR EXTENSION:

PREVIOUSLY APPROVED EXTENSION (If any):

NO.	FROM (DATE)	TO (DATE)	DURATION (MONTHS)	REASON

SIGNATURE OF GRA: _____

DATE: ___/___/___
dd mm yr

PART II:

RECOMMENDATION BY PROJECT LEADER/ SUPERVISOR AND CO-SUPERVISOR (Kindly tick the appropriate)

PROJECT LEADER/ SUPERVISOR

RECOMMENDED NOT RECOMMENDED

PROJECT LEADER/ SUPERVISOR'S COMMENTS (If any):

NAME &
DESIGNATION

SIGNATURE:

DATE:

CO-SUPERVISOR

RECOMMENDED NOT RECOMMENDED

CO-SUPERVISOR'S COMMENTS (If any):

NAME &
DESIGNATION

SIGNATURE:

DATE:

PART III: FOR FACULTY USE

RECOMMENDATION BY FACULTY DEAN (Kindly tick the appropriate)

RECOMMENDED NOT RECOMMENDED

FACULTY DEAN'S COMMENTS (If any):

NAME &
DESIGNATION

SIGNATURE:

DATE:

PART IV: FOR INSTITUTE FOR POSTGRADUATE STUDIES (IPS)

RECOMMENDATION BY IPS DEAN (Kindly tick the appropriate)

APPROVED

NOT APPROVED

IPS DEAN'S COMMENTS (If any):

NAME &
DESIGNATION

SIGNATURE:

DATE:

Note:

IPS shall send the application to Uni. R&D Meeting for notification.