

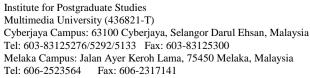
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## INSTITUTE FOR POSTGRADUATE STUDIES

## POSTGRADUATE PROGRAMME APPLICATION FOR THE CHANGE OF MODE OF STUDY

- 1. The candidate is required to obtain the recommendation from the Supervisors (for Structure A only).
- 2. The candidate shall submit the form to the faculty.

PART I: TO BE COMPLETED BY THE CANDIDATE (Please circle the rele	vant)
FULL NAME:	ID NUMBER:
PROGRAMME:  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.)	FACULTY: FOE/ FCI/ FCM/ FOM/ GSM/ FET/ FIST/ FOB
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:	
CHANGE OF MODE OF STUDY:  Full time to Part Time  Part Time to Full Time  REASON FOR CHANGE:	
SIGNATURE OF CANDIDATE:	



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PART II ( for Structure A only):
RECOMMENDATION FROM SUPERVISOR AND CO-SUPERVISOR (Kindly tick the appropriate)
SUPERVISOR
RECOMMENDED NOT RECOMMENDED
SUPERVISOR'S COMMENTS (If any):
NAME OF SUPERVISOR: SIGNATURE AND OFFICIAL STAMP:
DATE:
<u>CO-SUPERVISOR</u>
RECOMMENDED NOT RECOMMENDED
CO-SUPERVISOR'S COMMENTS (If any):
NAME OF CO-SUPERVISOR: SIGNATURE AND OFFICAL STAMP:
DATE:
PART III: FOR FACULTY USE
Received and Verified by Faculty Manager/Assistant Manager:-
NAME: SIGNATURE AND OFFICIAL STAMP:
DATE:
DATE
Date of Faculty R&D Committee meeting:/ dd mm yr

PAR	T IV: CALCULATION OF DURATION OF STUDY (FOR FACULTY USE – applicable for Structure A only)	
(I)	FULL TIME TO PART TIME	
	Maximum duration of study = Maximum period for part-time (in years) x remaining period of candidature (in months)  Maximum period for full-time (in years)	
	New end date of candidature:/ dd mm yr	
(II)	PART-TIME TO FULL TIME	
	Maximum duration of study = <u>Maximum period for full-time (in years)</u> x remaining period of candidature (in months)  Maximum period for part-time (in years)	
	New end date of candidature:// dd mm yr	
PART V: FOR INSTITUTE FOR POSTGRADUATE STUDIES USE		
Rece	vived and Verified by IPS Manager:-	
NAM	E: SIGNATURE AND OFFICIAL STAMP:	
DAT	E:	

## 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 Mode of Study upon recommendation from the Faculty R&D Committee through the Board of Postgraduate Studies.



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