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and
Innovate

INSTITUTE FOR POSTGRADUATE STUDIES

POSTGRADUATE PROGRAMME APPLICATION FOR THE CHANGE OF SUPERVISION ARRANGEMENT

FULL NAME:	ID NUMBER:
PROGRAMME: <i>For Structure A</i> : 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/ FOI
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:	



Url: http://www.mmu.edu.my

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 i) AS SUPERVISOR PhD Master ii) AS CO-SUPERVISOR PhD Master NUMBER OF STUDENTS CURRENTLY SUPERVISED BY PROPOSED NEW SUPERVISOR (applicable i) NEW ii) COMMENCING iii) IN PROGRESS iv) FINISHING	
REASON FOR THE CHANGE OF SUPERVISOR:	
Signature and official stamp of current supervisor: Signature and official stamp of new supervisor:	Date:/ dd mm yr 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 PhD Master ii) AS CO-SUPERVISOR PhD 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

PART III: RECOMMENDATION FROM THE DEAN OF FACULTY	(Kindly tick the appropriate)
RECOMMENDED NOT RECOMMEN	NDED
DEAN OF FACULTY'S COMMENTS (If any):	
, ,,	
NAME OF DEAN OF FACULTY:	SIGNATURE AND OFFICAL STAMP:
DATE:	
PART IV: FOR FACULTY USE	
Received and Verified by Faculty Manager/Assistant Manager:-	
NAME	NOMETHINE AND OFFICIAL CTAMP
NAME: S	SIGNATURE AND OFFICIAL STAMP:
DATE:	
Date of Faculty R&D Committee meeting:/	
dd mm yr	
PART V: FOR INSTITUTE FOR POSTGRADUATE STUDIES US Received and Verified by IPS Manager:-	E
Received and Venned 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 supervision arrangement upon recommendation from the Faculty R&D Committee through the Board of Postgraduate Studies.