

INSTITUTE FOR POSTGRADUATE STUDIES

POSTGRADUATE PROGRAMME

APPLICATION FOR PROGRAMME CONVERSION (for Structure A only)

1. A candidate may apply for conversion from Masters to Ph.D degree programme.
2. A full time candidate must have completed at least SIX months of the Master's programme.
3. A part time candidate must have completed at least TWELVE months of the master's programme.
4. For a full time candidate, the application is not allowed after 18 months from the initial registration date.
5. For a part time candidate, the application is not allowed after 24 months from the initial registration date.
6. The candidate must submit the application form with the Ph.D. research proposal and the progress report.
7. The candidate is required to obtain the recommendation from the Supervisors and the Dean of Faculty before submitting the application form to the faculty.
8. The Panel of Examiners shall be appointed by the Board of Postgraduate Studies to conduct the viva-voce. The Panel of Examiners shall submit a comprehensive report with recommendations to Senate for approval by highlighting the merits and achievements that support or justify the conversion.

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

FULL NAME: _____ ID NUMBER: _____

PROGRAMME: M.Phil. (Mgmt.) / M.Eng.Sc. / M.Sc. (I.T.)/ M.Sc. (C.M.) FACULTY: FOE/ FCI/ FCM/ FOM/ GSM/ FET/ FIST/ FOB

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: _____

PROGRAMME CONVERSION. (Please tick the relevant)

- M.Phil. (Mgmt.) to Ph.D. (Mgmt.)
- M.Sc. (I.T.) to Ph.D. (I.T.)
- M.Sc. (C.M.) to Ph.D. (C.M.)
- M.Eng.Sc to Ph.D. (Eng.)

NAME OF SUPERVISOR: _____ NAME OF CO-SUPERVISOR: _____

SIGNATURE OF CANDIDATE: _____ DATE: ___/___/___
dd mm yr

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PART II: RESULT

DATE OF VIVA-VOCE : ___/___/___
 dd mm yr

a) HAS SUFFICIENT MATERIALS BEEN PRESENTED TO JUDGE THE CONVERSION WORK? YES / NO

b) IS THE WORK PRESENTED SUFFICIENT FOR THE DEGREE CONVERSION? YES / NO
(Please justify. Attach separate sheet if necessary)

PART III: PANEL OF EVALUATORS

CHAIRMAN (Deputy Dean of R&D): _____ Signature & Date: _____

SUPERVISOR: _____ Signature & Date: _____

CO-SUPERVISOR: _____ Signature & Date: _____

EXPERT 1: _____ Signature & Date: _____

EXPERT 2: _____ Signature & Date: _____

MEMBER OF R&D COMMITTEE: _____ Signature & Date: _____

Signature and official stamp of Dean of Faculty: _____ Date: _____

PART IV: FOR FACULTY USE

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

PART V: FOR INSTITUTE FOR POSTGRADUATE STUDIES USE

Received and Verified by IPS Manager:-

NAME: _____

SIGNATURE AND OFFICAL STAMP: _____

DATE: _____

Note:

- (1) The Faculty shall send the form together with a comprehensive report to IPS after the Faculty R&D Committee Meeting.
- (2) The Senate shall consider the application upon the recommendation from the Faculty R&D through the Board of Postgraduate Studies.