

INSTITUTE FOR POSTGRADUATE STUDIES

POSTGRADUATE PROGRAMME

APPLICATION FOR THE CHANGE OF FIELD OF RESEARCH (for Structure A only)

1. The candidate is required to obtain the recommendation from the Supervisors and the Dean of the faculty.
2. The candidate may apply for a change of research field within the first SIX months from the initial registration date and the candidature shall continue upon Senate's approval.
3. The application for the change of research field is not allowed after SIX months.
4. Under special circumstances, the candidate may appeal to Senate through the Dean of the faculty.
5. The candidate shall complete and submit the application for the change of supervision arrangement (if applicable).

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/ FCI/ FCM/ FOM/ GSM/ FET/ FIST/ FOB

MODE OF STUDY: FULL TIME/ PART TIME

GENDER: MALE/FEMALE

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

END OF CANDIDATURE: ___/___/___
dd mm yr

CURRENT FIELD OF RESEARCH: _____ CURRENT AREA OF RESEARCH: _____

CURRENT TITLE OF THESIS: _____

PROPOSED FIELD OF RESEARCH: _____ PROPOSED AREA OF RESEARCH: _____

PROPOSED TITLE OF THESIS: _____

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):

RECOMMENDED PERIOD OF CANDIDATURE TO BE COUNTED TO NEW RESEARCH AREA: _____

NAME OF SUPERVISOR: _____ SIGNATURE AND OFFICIAL STAMP: _____

DATE: _____

CO-SUPERVISOR

RECOMMENDED NOT RECOMMENDED

CO-SUPERVISOR'S COMMENTS (If any):

RECOMMENDED PERIOD OF CANDIDATURE TO BE COUNTED TO NEW RESEARCH AREA: _____

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

DATE: _____

DEAN OF FACULTY

RECOMMENDED NOT RECOMMENDED

DEAN OF FACULTY'S COMMENTS (If any):

NAME OF DEAN OF FACULTY: _____ SIGNATURE AND OFFICAL 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 Research Field upon the recommendation from the Faculty R&D Committee through the Board of Postgraduate Studies.