

INSTITUTE FOR POSTGRADUATE STUDIES

POSTGRADUATE PROGRAMME

MEETING WITH SUPERVISORS (for Structure A - INTERNATIONAL STUDENTS ONLY)

There shall be frequent and regular contact between a candidate and his Supervisor(s). The Supervisor(s) and the candidate shall be jointly 1. responsible for initiating the meetings.

- The candidate must meet his Supervisor(s) immediately after registration, and at least twice a month for a FULL-TIME candidate until his final 2. submission of thesis.
- The IPS office must be notified if the Supervisor(s) are not able to contact the candidate for a month. 3.
- This form is to be submitted/returned to IPS together with the renewal of visa form. 4.

PART I: TO BE COMPLETED BY THE CANDIDATE (Please (The Supervisor(s) and the candidate shall jointly arrange	
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/ FB
CAMPUS: CYBERJAYA/MELAKA	NATIONALITY:
MODE OF STUDY: FULL TIME	GENDER: MALE/FEMALE
DATE OF INITIAL REGISTRATION:// dd mm yr	END OF CANDIDATURE://dd mm yr
NAME OF SUPERVISOR:	NAME OF CO-SUPERVISOR:
SIGNATURE OF CANDIDATE:	DATE:// dd mm yr
Institute for Postgraduate Studies Multimedia University (436821-T) Cyberiaya Campus: 63100 Cyberiaya, Selangor Darul Ehsan, Malays	sia A TTT University



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PART II: MEETING INFORMATION.

The Supervisor and/orCo-Supervisor shall fill in the month and date of the meetings in the table and the reason must be recorded in the Remark column if there is no meeting.

Month	Supervisor Signature & official stamp	Co-Supervisor Signature & official stamp	Remark (if any)
1 st meeting date			
2 nd meeting date			
Month	Supervisor Signature & official stamp	Co-Supervisor Signature & official stamp	Remark (if any)
1 st meeting date			
2 nd meeting date			
Month	Supervisor Signature & official stamp	Co-Supervisor Signature & official stamp	Remark (if any)
1 st meeting date			
2 nd meeting date			
Month	Supervisor Signature & official stamp	Co-Supervisor Signature & official stamp	Remark (if any)
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2 nd meeting date			
Month	Supervisor Signature & official stamp	Co-Supervisor Signature & official stamp	Remark (if any)
1st meeting date			
2 nd meeting date			
Month	Supervisor Signature & official stamp	Co-Supervisor Signature & official stamp	Remark (if any)
1 st meeting date			

2 nd meeting			
date			
Month	Supervisor Signature & official stamp	Co-Supervisor Signature & official stamp	Remark (if any)
1 st meeting			
date			
2 nd meeting			
date			
Month	Supervisor Signature	Co-Supervisor Signature	Remark (if any)
	& official stamp	& official stamp	
1 st meeting date			
2 nd meeting			
date			
Month	Supervisor Signature	Co-Supervisor Signature	Remark (if any)
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2 nd meeting			
date			
Month	Supervisor Signature	Co-Supervisor Signature	Remark (if any)
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1 st meeting			
date			
2 nd meeting			
date			
Month	Supervisor Signature	Co Supervisor Signature	Bomark (if any)
	Supervisor Signature & official stamp	Co-Supervisor Signature & official stamp	Remark (if any)
1 st meeting date			
2 nd meeting			
date			
Month	Supervisor Signature	Co-Supervisor Signature	Remark (if any)
	& official stamp	& official stamp	
1 st meeting			

2 nd meeting date		

PART III: FOR INSTITUTE FOR POSTGRADUATE STUDIES USE		
Received and Verified by IPS Manager-		
NAME:	SIGNATURE AND OFFICAL STAMP:	
DATE:		