

INSTITUTE FOR POSTGRADUATE STUDIES

POSTGRADUATE PROGRAMME

RESEARCH PROPOSAL DEFENCE (for Structure A only)

1. The candidate shall pass the proposal defence within the norm and maximum periods, relative to the registration date of the programme as follows:

	Research Proposal Defence (norm period)	Research Proposal Defence (maximum period)
Masters' (Full-time)	3 months	6 months
Masters' (Part-time)	6 months	9 months
Ph.D.(Full-time)	6 months	9 months
Ph.D.(Part-time)	9 months	12 months

 A candidate shall be given THREE attempts to pass the proposal defence. A pass will be graded as 'S' while failure will be graded as 'US'. Failure on the third consecutive attempt within the maximum period of proposal defence or obtaining the grade of 'US' beyond the maximum period of proposal defence, whichever is earlier, shall result in the termination of the candidature.

PART I: CANDIDATE'S PARTICULARS - To be completed by the candidate. Kindly circle the relevant. (The respective faculty shall arrange for the research proposal defence)			
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		
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:			
NAME OF SUPERVISOR: NAME O	F CO-SUPERVISOR:		
SIGNATURE OF CANDIDATE:	DATE:// dd mm yr		



PART II: RESULT			
1 st ATTEMPT// dd mm yr			
2 nd ATTEMPT/// _// //			
3 rd ATTEMPT// dd mm yr			
COMMENTS/RECOMMENDATIONS (please tick where relevant):			
The Evaluation Committee recommends that the proposal defence be considered as:			
a) SATISFACTORY.			
b) NOT SATISFACTORY. (* <i>Recommendations must be given. Attach separate sheet if necessary).</i> Please state the recommended period before the next proposal defence should be arranged:			
c) FAILED and termination of the candidature.			
* Actions to be taken:			
PROPOSED NEW TITLE OF RESEARCH (if any):			
PART III: PANEL OF EVALUATORS			
CHAIRMAN (Deputy Dean of R&D):	Signature & Date:		
SUPERVISOR:	Signature & Date:		
CO-SUPERVISOR:	Signatura & Data		
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 INSTITUTE FOR POSTGRADUATE STUDIES USE		
Received and Verified by IPS Manager:-		
NAME:	SIGNATURE AND OFFICAL STAMP:	
DATE:		