

**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

2. 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: TO BE COMPLETED BY THE CANDIDATE

FULL NAME:	ID NUMBER:
PROGRAMME:	FACULTY:
MODE OF STUDY:	NATIONALITY:
PERSONAL EMAIL:	MOBILE PHONE NO.:
DATE OF INITIAL REGISTRATION:	END OF CANDIDATURE:
CORRESPONDENCE ADDRESS:	

PART II: VERIFICATION BY SUPERVISORS - To be completed by the Supervisors.

SUPERVISOR: _____ (Signature & Stamp)	CO-SUPERVISOR: _____ (Signature & Stamp)
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PART III: RESULTS/ COMMENTS/RECOMMENDATIONS- To be completed by the Faculty AM

	DATE	COMMENTS/RECOMMENDATIONS:
1 st ATTEMPT		
2 nd ATTEMPT		
3 rd ATTEMPT		

The Evaluation Committee recommends that the proposal defence be considered as:

a) SATISFACTORY.

b) NOT SATISFACTORY. (*Recommendations must be given. Attach separate sheet if necessary).

Please state the recommended period before the next proposal defence should be arranged: _____

c) FAILED and termination of the candidature.

* Actions to be taken:

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PROPOSED NEW TITLE OF RESEARCH (if any):

PART IV: PANEL OF EVALUATORS

	DATE	SIGNATURE / OFFICIAL STAMP
CHAIRMAN (Deputy Dean of R&i):		
SUPERVISOR:		
CO-SUPERVISOR:		
EXPERT 1:		
EXPERT 2:		
MEMBER OF R&i COMMITTEE:		
DEAN OF FACULTY:		

PART V: FOR INSTITUTE FOR POSTGRADUATE STUDIES USE

Received and Verified by IPS Manager/Assistant Manager: -

NAME: _____ SIGNATURE AND OFFICIAL STAMP: _____

DATE: _____