

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).

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.

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

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

CORRESPONDENCE ADDRESS:

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: _____

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): _____

NAME OF SUPERVISOR: _____ SIGNATURE AND OFFICIAL STAMP: _____

DATE: _____

CO-SUPERVISOR

RECOMMENDED NOT RECOMMENDED

SUPERVISOR'S COMMENTS (If any): _____

NAME OF SUPERVISOR: _____ SIGNATURE AND OFFICIAL STAMP: _____

DATE: _____

DEAN OF FACULTY

RECOMMENDED NOT RECOMMENDED

DEAN OF FACULTY'S COMMENTS (If any): _____

NAME OF DEAN OF FACULTY: _____ SIGNATURE AND OFFICIAL STAMP: _____

DATE: _____

PART III: ENDORSEMENT BY DIVISION:

DATE

SIGNATURE AND OFFICIAL STAMP

FACULTY

Received and Verified

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

IPS

Received and Verified