

INSTITUTE FOR POSTGRADUATE STUDIES

POSTGRADUATE PROGRAMME

APPLICATION FOR PROGRAMME CONVERSION (for Structure A only)

1. The candidate may apply for conversion from Masters to Ph.D. degree programme.
2. A full time candidate must have completed at least SIX months of the Master's programme. However, the application is not allowed after 18 months from the initial registration date.
3. A part time candidate must have completed at least TWELVE months of the master's programme. However, the application is not allowed after 24 months from the initial registration date.
4. The candidate must submit the application form with the Ph.D. research proposal and the progress report.
5. The candidate is required to obtain the recommendation from the Supervisors and the Dean of Faculty before submitting the application form to the faculty.
6. The Panel of Examiners shall be appointed by the Board of Postgraduate Studies to conduct the viva-voce. The Panel of Examiners shall submit a comprehensive report with recommendations to Senate for approval by highlighting the merits and achievements that support or justify the conversion.

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:	

PROGRAMME CONVERSION: (Please tick (✓) the relevant)

<input type="checkbox"/> M.Eng.Sc. to Ph.D. (Eng.)	<input type="checkbox"/> M.Sc. (C.M.) to Ph.D. (C.M.)
<input type="checkbox"/> M.Sc. (I.T.) to Ph.D. (I.T.)	<input type="checkbox"/> M.Laws to Ph.D. (Laws)
<input type="checkbox"/> M.Phil. (Mgmt.) to Ph.D. (Mgmt.)	<input type="checkbox"/> M.Phil. (Comm.) to Ph.D. (Comm.)
NAME OF SUPERVISOR: _____	NAME OF CO-SUPERVISOR: _____
SIGNATURE OF CANDIDATE: _____	.DATE: _____

PART II: RESULTDATE OF VIVA-VOCE: ___/___/___
dd mm yra) HAS SUFFICIENT MATERIALS BEEN PRESENTED TO JUDGE THE CONVERSION WORK? **YES / NO**b) IS THE WORK PRESENTED SUFFICIENT FOR THE DEGREE CONVERSION? **YES / NO**
(Please justify. Attach separate sheet if necessary)

PART III: PANEL OF EVALUATORS

CHAIRMAN (Deputy Dean of R&I): _____ Signature & Date: _____

SUPERVISOR: _____ Signature & Date: _____

CO-SUPERVISOR: _____ Signature & Date: _____

EXPERT 1: _____ Signature & Date: _____

EXPERT 2: _____ Signature & Date: _____

MEMBER OF R&I COMMITTEE: _____ Signature & Date: _____

Signature and official stamp of Dean of Faculty: _____ Date: _____

PART IV: ENDORSEMENT BY DIVISION:	DATE	SIGNATURE AND OFFICIAL STAMP
FACULTY Received and Verified		
INSTITUTE FOR POSTGRADUATE STUDIES Received and Verified		

Note:

- (1) The Faculty shall send the form to IPS after the Faculty R&I Committee Meeting.
- (2) The Application for withdrawal shall be submitted to Senate for noting purpose through the Board of Postgraduate Studies.