

**POSTGRADUATE PROGRAMME**

**APPEAL OF REINSTATEMENT**

The candidature shall be terminated if:

1. The candidate is not able to complete the programme within the maximum period.
2. The candidate conducts himself in such a manner that is deemed to contravene any Statute, Rule, or Regulation of the University.
3. The candidate's project progress is unsatisfactory for three consecutive progress monitoring evaluations.
4. The candidate does not pay the required fees within a stipulated period.
5. The candidate is found guilty of an examination offence.
6. The candidate fails on his third consecutive attempt within the maximum period of proposal defence or obtains the grade of 'US' beyond the maximum period of proposal defence, whichever is earlier (Structure A).
7. The candidate's academic progress is unsatisfactory for three consecutive progress monitoring evaluations (Structure A).
8. The candidate who is on PROBATION for 3 consecutive semesters.
9. The candidate fails to submit the final thesis within the stipulated time approved by the BOE (Structure A).
10. The candidate possesses an invalid visa during their postgraduate studies (applicable to international candidates only).

The payment of the reinstatement fee is payable upon approval of the appeal by the Dean of IPS.

**PART I: CANDIDATE'S DETAILS – To be completed by the candidate**

<b>FULL NAME:</b>		<b>STUDENT ID:</b>	
<b>PROGRAMME:</b>		<b>FACULTY:</b>	
<b>MODE OF STUDY:</b>		<b>NATIONALITY:</b>	
<b>PERSONAL EMAIL:</b>		<b>MOBILE PHONE NO.:</b>	
<b>DATE OF INITIAL REGISTRATION:</b>		<b>END OF CANDIDATURE:</b>	
<b>TERMINATION DATE:</b>	____/____/____ (dd/mm/yyyy)      1 <sup>st</sup> / 2 <sup>nd</sup> / 3 <sup>rd</sup> / ____th REINSTATEMENT		
<b>REASON OF TERMINATION:</b>	<input type="checkbox"/> POOR OF PROJECT PROGRESS (For Structure B & C) <input type="checkbox"/> UNSATISFACTORY OF EVALUATION (Kindly circle the milestone: PPM / RPD / WCD, others: _____) <input type="checkbox"/> LAPSE OF CANDIDATURE <input type="checkbox"/> FINANCIALLY BARRED <input type="checkbox"/> FAIL TO SUBMIT FINAL THESIS (Expected thesis Submission Date: ____/____/____) <input type="checkbox"/> VISA EXPIRATION (Applicable to International Candidate only)  OTHER REASON: _____		

<b>JUSTIFICATION FOR APPEAL OF REINSTATEMENT:</b>  Attach a separate sheet if necessary.																															
<b>PREVIOUSLY APPROVED EXTENSION (If any):</b>	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr style="background-color: #d9e1f2;"> <th style="width: 8%;">NO.</th> <th style="width: 12%;">FROM (DATE)</th> <th style="width: 12%;">TO (DATE)</th> <th style="width: 12%;">DURATION (MONTHS)</th> <th style="width: 56%;">REASON</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>	NO.	FROM (DATE)	TO (DATE)	DURATION (MONTHS)	REASON																									
NO.	FROM (DATE)	TO (DATE)	DURATION (MONTHS)	REASON																											
<p><b>I declare that all information provided is accurate.</b></p>  <div style="display: flex; justify-content: space-between;"> <span>SIGNATURE OF CANDIDATE: _____</span> <span>DATE (dd/mm/yyyy): ____/____/____</span> </div>																															
<b>PART II: ENDORSEMENT BY INTERNATIONAL STUDENT CENTRE (APPLICABLE FOR INTERNATIONAL CANDIDATES ONLY)</b>																															
<p><b>The candidate has confirmed the relevant information.</b></p> Visa expiry date: _____																															
Comments: <div style="border-bottom: 1px solid black; height: 1.2em; margin-top: 5px;"></div> <div style="border-bottom: 1px solid black; height: 1.2em; margin-top: 5px;"></div>																															
<div style="display: flex; justify-content: space-between; margin-top: 20px;"> <span>SIGNATURE AND OFFICIAL STAMP: _____</span> <span>DATE (dd/mm/yyyy): ____/____/____</span> </div>																															

**PART III: VERIFICATION FROM SUPERVISOR & CO-SUPERVISOR / PROGRAMME COORDINATOR (Kindly (✓) the appropriate)**

**For Structure A only:**

**SUPERVISOR**

☐

**RECOMMENDED**

☐

**NOT RECOMMENDED**

SUPERVISOR'S COMMENTS (If any): \_\_\_\_\_

SIGNATURE AND OFFICIAL STAMP: \_\_\_\_\_  
(Supervisor)

DATE (dd/mm/yyyy): \_\_\_\_/\_\_\_\_/\_\_\_\_

**CO-SUPERVISOR**

☐

**RECOMMENDED**

☐

**NOT RECOMMENDED**

CO-SUPERVISOR'S COMMENTS (If any): \_\_\_\_\_

SIGNATURE AND OFFICIAL STAMP: \_\_\_\_\_  
(Co-Supervisor)

DATE (dd/mm/yyyy): \_\_\_\_/\_\_\_\_/\_\_\_\_

**For Structure B & C only (Programme Coordinator):**

☐

**RECOMMENDED**

☐

**NOT RECOMMENDED**

PROGRAMME COORDINATOR'S COMMENTS (If any): \_\_\_\_\_

SIGNATURE AND OFFICIAL STAMP: \_\_\_\_\_  
(Programme Coordinator)

DATE (dd/mm/yyyy): \_\_\_\_/\_\_\_\_/\_\_\_\_

**PART IV: RECOMMENDATION BY FACULTY DEAN (FOR FACULTY USE)**

☐

**RECOMMENDED**

☐

**NOT RECOMMENDED**

Please provide justification for the recommendation: \_\_\_\_\_

SIGNATURE AND OFFICIAL STAMP: \_\_\_\_\_  
(Dean of Faculty)

DATE (dd/mm/yyyy): \_\_\_\_/\_\_\_\_/\_\_\_\_

**PART V: DECISION BY IPS DEAN / APPEAL COMMITTEE**☐**APPROVED**☐**NOT APPROVED**

Please justify the recommendation: \_\_\_\_\_

SIGNATURE AND OFFICIAL STAMP: \_\_\_\_\_ DATE (dd/mm/yyyy): \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Dean of IPS)**PART VI - PAYMENT OF THE RE-INSTATEMENT FEE - To be completed by the Finance Division.**

I hereby confirm the receipt of the reinstatement fee paid by the candidature of RM \_\_\_\_\_

SIGNATURE AND OFFICIAL STAMP: \_\_\_\_\_ DATE (dd/mm/yyyy): \_\_\_\_/\_\_\_\_/\_\_\_\_

**PART VII: INSTITUTE FOR POSTGRADUATE STUDIES OFFICE USE**

Received and Verified by IPS Manager/Assistant Manager: -

SIGNATURE AND OFFICIAL STAMP: \_\_\_\_\_ DATE OF RECEIVED (dd/mm/yy): \_\_\_\_/\_\_\_\_/\_\_\_\_

**Note:**

- (1) The candidate must submit the form to the Faculty Once Part I to III is completed.
- (2) Once the reinstatement has been approved by the Dean of IPS, IPS will issue the letter to the student.
- (3) Students need to pay for the reinstatement fee and the form must be completed by the Finance Division.