

**POSTGRADUATE PROGRAMME
RESEARCH PROPOSAL DEFENCE (RPD) - (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)
Master's (Full-time)	6 months	9 months
Master's (Part-time)	9 months	12 months
Ph.D (Full-time)	9 months	12 months
Ph.D (Part-time)	12 months	15 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: CANDIDATE'S DETAILS – 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:	

CHECKLIST BY CANDIDATE:

No	Items	Tick (✓)
1	My candidature is Active during the time the RPD is undertaken.	
2	The mini thesis is prepared and attached to this form.	
3	The VISA is valid during the time the RPD is undertaken (For International Students only).	

SIGNATURE OF CANDIDATE: _____ DATE (dd/mm/yy): ____/____/____

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

We hereby confirm that the candidate is prepared to proceed with the research proposal defence.

SUPERVISOR: _____
(Signature & Stamp)

CO-SUPERVISOR: _____
(Signature & Stamp)

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:

SATISFACTORY

***NOT SATISFACTORY**

Recommendations must be given. Attach a separate sheet if necessary.

FAILED and termination of the candidature

If **NOT SATISFACTORY**, please indicate the tentative timeline for the next proposal defence to be arranged (within a maximum period of six months): _____

* Comments from the Panels:

PART IV: PANEL OF EVALUATORS

The undersigned EXPERT PANEL members hereby verify that the decisions summarized in this form are in agreement with the individual reports and that the decisions reflect that of the panel.

CHAIRMAN (Deputy Dean of PGC):	Signature & Stamp: _____ Date: _____
EXPERT 1:	Signature & Stamp: _____ Date: _____
EXPERT 2:	Signature & Stamp: _____ Date: _____
MEMBER OF PGC COMMITTEE:	Signature & Stamp: _____ Date: _____

INVITED (NON-VOTING) MEMBERS:**SUPERVISOR:**

Signature & Stamp: _____ Date: _____

CO-SUPERVISOR (if any):

Signature & Stamp: _____ Date: _____

ENDORSED AND VERIFIED BY DEAN OF FACULTY:

DEAN OF FACULTY: _____ SIGNATURE AND OFFICIAL STAMP: _____

DATE (dd/mm/yy): ____/____/____

PART V: FOR INSTITUTE FOR POSTGRADUATE STUDIES USE

Received and Verified by IPS Manager/Assistant Manager: -

NAME: _____ SIGNATURE AND OFFICIAL STAMP: _____

DATE OF RECEIVED (dd/mm/yy): _____