MULTIMEDIA UNIVERSITY

INSTITUTE FOR POSTGRADUATE STUDIES

POSTGRADUATE PROGRAMME

APPLICATION FOR PROGRESS REPORT (for Structure A only)

Note to student:
For Renewal of Visa: This form should be submitted to IPS. The letter for renewal of student visa will be ready within **three (3)** working days.

PART I: TO BE COMPLETED BY THE CANDIDATE			
NAME		STUDENT ID	
PROGRAMME		FACULTY	
		CAMPUS	
		MODE OF STUDY	
NATIONALITY		GENDER	
REGISTRATION (DD/MM/YYYY)		END OF CANDIDATURE (DD/MM/YYYY)	
CONTACT NUMBER		EMAIL	
CORRESPONDENCE ADDRESS			
THESIS TITLE			

I declare that all information provided are accurate.

_____ _____

Student's Signature Date

Institute for Postgraduate Studies
Multimedia University (436821-T)
Cyberjaya Campus: 63100 Cyberjaya, Selangor Darul Ehsan, Malaysia
Tel: 603-83125276/5182/5560/5326
Melaka Campus: Jalan Ayer Keroh Lama, 75450 Melaka, Malaysia
Tel: 606-2523564/3824/3166
Url: http://www.mmu.edu.my

A TM University

Ver.4.
Nov 2026

PART II: PROGRESS REPORT BY SUPERVISORS - To be completed by the Supervisors.	
Remarks on student's progress:	
Progress Completion (%)	

Recommended Progress Completion Percentage:

Recommended percentage of progress upon completion of each milestone. The progress percentage should be cumulative and reflect the student's overall progress throughout the study period.

- Completed Research Proposal Defence: 30%
- Completed Data Collection/Research Implementation: 40%
- Completed Data Analysis/Results Validation: 60%
- Completed Draft Thesis: 80%
- Completed Thesis Seminar: 90%

SUPERVISOR: _____ (Signature & Stamp)

CO-SUPERVISOR: _____ (Signature & Stamp)

PART III: RECORDS OF MEETINGS WITH SUPERVISORS

Month	Meeting Date	Signature and Stamp of Supervisor	Signature and Stamp of Co-Supervisor	Remarks

*** Attach additional sheets if required**

Month	Meeting Date	Signature and Stamp of Supervisor	Signature and Stamp of Co-Supervisor	Remarks
Remarks:				

PART IV: FOR INSTITUTE FOR POSTGRADUATE STUDIES USE
Received and Verified by IPS Manager/Assistant Manager: - NAME: _____ SIGNATURE AND OFFICIAL STAMP: _____ DATE: _____

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