



CENTRE FOR POSTGRADUATE STUDIES APPOINTMENT OF SUPERVISORS

Section A: To be filled by the Candidate
Date: _____

CANDIDATURE DETAILS

Name : _____

ID number : _____

IC / passport number : _____

Degree / Programme : _____

Unit/ Faculty : _____

Title of the thesis : _____

Signature : _____

Section B: To be filled by Supervisor(s)

Main supervisor	Co-supervisor (1)	Co-supervisor (2)
I hereby agree to supervise the candidate throughout his/her research project. Signature: _____	I hereby agree to supervise the candidate throughout his/her research project. Signature: _____	I hereby agree to supervise the candidate throughout his/her research project. Signature: _____
Name: _____	Name: _____	Name: _____
Faculty: _____	Faculty: _____	Faculty: _____
Date: _____	Date: _____	Date: _____

Section C: To be filled by Unit - Head and PG Coordinator

Unit Head	Faculty PG Coordinator
I hereby confirm that the above-mentioned supervisor(s) fulfill(s) the requirements as per Section 2 of the Guidelines for Supervision. Signature: _____	I hereby confirm that the above-mentioned supervisor(s) fulfill(s) the requirements as per Section 2 of the Guidelines for Supervision. Signature: _____
Name: _____	Name: _____
Faculty: _____	Faculty: _____
Date: _____	Date: _____

Section D: To be filled by the Dean - ENDORSEMENT BY THE DEAN

I hereby approve / do not approve the appointment of the above mentioned supervisor(s), effective from _____.

Name and Signature with official stamp:

Date

Section E: To be filled by the Director - ENDORSEMENT BY THE DIRECTOR, CPS

I hereby endorse the appointment of the above mentioned supervisor(s), effective from _____.

Name and Signature with official stamp:

Date