



CENTRE FOR POSTGRADUATE STUDIES APPOINTMENT OF SUPERVISORS

Section A: To be filled by the Candidate

CANDIDATURE DETAILS

Name : _____

ID number : _____

IC / passport number : _____

Degree / Programme : _____

Unit/ Faculty : _____

Title of the thesis : _____

Signature : _____ Date: _____

By submitting your personal data to us, you consent to us collecting, using, disclosing and processing your personal data in accordance with our PDPA notice. Please refer to our website www.aimst.edu.my for further details. If you agree for your personal data to be collected and processed by us, please tick (✓) in the box below.

Agree Disagree

Name:

Date:

IC No./Passport No.:

Section B: To be filled by Supervisor(s)

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

Section C: To be filled by Unit - Head and/or 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.	I hereby confirm that the above-mentioned supervisor(s) fulfill(s) the requirements as per Section 2 of the Guidelines for Supervision.
Signature:	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