APPENDIX 1

APPLICATION FORM FOR CHANGE OF NOMINATION STATUS FROM MASTER PROGRAM BY RESEARCH TO PHD PROGRAM BY RESEARCH

PART A: TO BE FILLED BY CANDIDIDATE

Name:	
Registration No.:	
Program:	
Department/Faculty:	
Date of Registration:	
Signature:	**Date:**

CANDIDATE IS REQUIRED TO ATTACH THE FOLLOWING SUPPORTING DOCUMENTS:

No.	Item
1	A copy of result of Research Methodology course
2	A research report of not more than 6,000 words, which contains: (1) Introduction and scope of research, (2) Research objectives (3) Research methods (4) Research plan which leads to Doctoral level ('Gantt Chart' research).
3	A copy of relevant research results as below: (1) one seminar presentation at the University, national or international level; and (2) one research outcome accepted for publication by the University OR (3) a patent application that is pending or has been approved and a seminar presentation at the university, national or international level.

*Note:
Candidate is required to submit a complete form to the supervisor.

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PART B: SUPERVISOR'S (PLEASE TICK (√) WHERE APPLICABLE)

1. SUPERVISOR'S CONFIRMATION

I hereby confirm the following:

(1) The information provided by the candidate is complete and true.	( ) Yes	( ) No
(2) The candidate's progress report is satisfactory.	( ) Yes	( ) No
If unsatisfactory, please state the reason:		

2. SUPERVISOR'S RECOMMENDATION

Recommendation of candidate application for change of candidature from a Master program by research to a Doctoral program by research.

Supervisor 1 (Name)	( ) Supported	( ) Not supported	Signature:
If the application is not supported, please state the justification:			Date:
Supervisor 2 (Name)	( ) Supported	( ) Not supported	Signature:
If the application is not supported, please state the justification:			Date:
Supervisor 3 (Name)	( ) Supported	( ) Not supported	Signature:
If the application is not supported, please state the justification:			Date:

*Notes:
1. Additional reports can be attached (if necessary)
2. Supervisors must submit the completed form to the Head of Department or Deputy Dean (Postgraduate) [whichever applicable].

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PART C: HEAD OF DEPARTMENT (IF APPLICABLE)

Notes:	( ) Candidate meets all the requirements and application is supported. ( ) Application is not supported.		
Name:	Signature:		Date:

(Please tick (√) where applicable)

PART D: FOR DEPUTY DEAN (POSTGRADUATE) OFFICE USE

Remarks:	( ) Application accepted ( ) Application rejected

(Please tick (√) where applicable)

Name:	Signature:	Date: