

**APPLICATION FOR APPOINTMENT OF SUPERVISOR AND
CONFIRMATION OF RESEARCH PROJECT TITLE FOR
MASTER PROGRAM
(MIXED MODE / COURSE WORK)**

Guidelines to fill the form.

SECTION A (TO BE COMPLETED BY STUDENT):

- i) Students must complete this section before submitting to the supervisors
- ii) Students are responsible for submitting the completed form to the supervisor before it can be processed by the Academic Division IAS. Incomplete forms will not be processed.
- iii) This form must be submitted to the Academic Division IAS within 2 weeks from the date of registration each semester.

SECTION B (TO BE COMPLETED BY SUPERVISOR)

- i) This section is **CONFIDENTIAL**.
- ii) Supervisors are responsible for completing this section before submitting to Academic Division IAS for further action.
- iii) Incomplete forms will not be processed.

SECTION C (TO BE COMPLETED BY DEPUTY DEAN (ACADEMIC) OFFICE)

Please submit the complete form to the following address:

**Deputy Dean Office
Level 2, Block D, Complex Advanced Studies
Institute for Advanced Studies (IAS)
Universiti Malaya.**

SECTION A : (To be completed by student)

Name of Student	:	
Matric No	:	
Semester / Session	:	
Email (siswamail)	:	
Tel No	:	
PNG (GPA) (Latest)	:	
PNGK (CGPA)	:	
Tentative Title	:	
Research Field	:	
Synopsis (250 – 300 words)	:	

RESULTS OF COURSE TAKEN

NO	MODULE CODE	SEMESTER / SESSION ACADEMIC	GRADE

I hereby confirm that a discussion **HAS/ HAS NOT*** been conducted with the proposed supervisor.

Signature :

Date :

SECTION B : (To be completed by Prospective Supervisors)

Supervisor 1

Name	:	
Department	:	
Faculty	:	
Email	:	
Contact No	:	
Aspect	:	
Field of Research	:	
Confirmation	:	I hereby certify that a discussion HAS / HAS NOT been conducted with the student and I am AGREEABLE / NOT AGREEABLE with the Research Title.
Signature & Stamp	:	

Supervisor 2

Name	:	
Department	:	
Faculty	:	
Email	:	
Contact No	:	
Aspect	:	
Field of Research	:	
Confirmation	:	I hereby certify that a discussion HAS / HAS NOT been conducted with the student and I am AGREEABLE / NOT AGREEABLE with the Research Title.
Signature & Stamp	:	

SECTION C : (To be completed by Coordinator Program and Deputy Dean (Academic

Coordinator Program :

Approved :

Not Approved :

Comments (if any) : _____

Signature & Stamp : _____
Coordinator Program

Deputy Dean (Academic & Student Affairs) :

Approved :

Not Approved :

Comments (if any) : _____

Signature & Stamp : _____
Deputy Dean(Academic & Student Affairs)