



DISSERTATION REGISTRATION FORM
For Academic Session 2017/2018 and onwards.

- 40 Credits - MCS, MSE, MLIS
- 30 Credits - MCS (AC), MST
- 35 Credits – MIS (LS)

Name : _____

Registration No. : _____ Email: _____

Tel. No. : _____ (Office) _____ (HP/home)

RESULTS OF COURSES TAKEN

No.	Course Code	Sem/Session	Grade
1			
2			
3			
4			
5			
6			
7			
8			

PNG (GPA) (*Latest*) _____

PNGK (CGPA) _____

Specialization
(For MCS student only) _____

Field of Research* : _____

* *Please attach proposal if title is proposed by student*

Name of First Supervisor : _____ Signature : _____

Name of Second Supervisor : _____ Signature : _____

Date : _____

For Office use only: Date received : _____

Comments (if any) : _____

Approved Not approved

Signature & Stamp of Head of Department

Signature & Stamp of Deputy Dean (Postgraduate)

BORANG PERMOHONAN PELANTIKAN PENYELIA
(Appointment of Supervisor Request Form)

NAMA PELAJAR : _____
(Name of Candidate)

NO. PENDAFTARAN : _____
(Registration No.)

PROGRAM : _____

JABATAN(jika berkenaan) : _____
(Dept; if any)

KURSUS YANG TELAH DIAMBIL:
(Courses Taken)

Bil	Tajuk Kursus (Title of Courses)	Kod Kursus (Course Code)	Sem/ Sesi	Gred
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

Bidang Penyelidikan : _____
(Field of Research)

Penyelia yang dicadangkan : _____
(Prospective Supervisor)

Tandatangan Pelajar : _____
(Signature of Candidate)

Tarikh (Date) : _____