



REQUEST FORM

Please ✓ all applicable

CHANGE OF SUPERVISOR

ADD CO – SUPERVISOR (S)

CHANGE FIELD OF RESEARCH

A. SUPERVISORS AND ASPECTS OF SUPERVISION

Current	Aspects	New	Aspect

B. TO BE COMPLETED BY CANDIDATE

Name : _____

Registration No. : _____ Department : _____

Programme : _____

Current Field of Research: _____

Mobile : _____ E-mail : _____

Start of Candidature	Sem. :	I / II	Session :	20 ___ / 20 ___	Max. Period of Candidature	Sem. :	I / II	Session :	20 ___ / 20 ___
----------------------	--------	--------	-----------	-----------------	----------------------------	--------	--------	-----------	-----------------

New Field of Research : _____

Reason : _____

Candidate's Signature : _____ Date: _____

C. TO BE COMPLETED BY CURRENT SUPERVISOR / CO-SUPERVISOR

Agree Disagree

Aspect of Supervision : _____

Other comments (if any) : _____

Name : _____

Signature: _____

Stamp: _____

Date: _____

D. TO BE COMPLETED BY * NEW SUPERVISOR NEW CO-SUPERVISOR * Please ✓

Agree Disagree

Aspect of Supervision : _____

Other comments (if any) : _____

Name : _____

Signature: _____

Stamp: _____

Date: _____

E. OFFICIAL USE

<p>Head of Department, FCSIT</p> <p><input type="checkbox"/> Agree <input type="checkbox"/> Disagree</p> <p>Other comments (if any) : _____</p> <p>Signature: _____ Date: _____</p> <p>Stamp: _____</p>	<p>Deputy Dean (Postgraduate), FCSIT</p> <p><input type="checkbox"/> Agree <input type="checkbox"/> Disagree</p> <p>Other comments (if any) : _____</p> <p>Signature: _____ Date: _____</p> <p>Stamp: _____</p>
---	---