



INSTITUTE OF MATHEMATICAL SCIENCES
UNIVERSITI MALAYA
M.Sc. IN STATISTICS BY COURSEWORK

PROJECT REGISTRATION FORM

INFORMATION ABOUT STUDENT

Name : _____

Student ID : _____

Email : _____

SUPERVISOR

Name : _____

INFORMATION ABOUT THE RESEARCH PROJECT

Research Area : _____

Period : From: Semester _____ session _____ until
Semester _____ session _____

SIGNATURES:

Student: _____ Date: _____

Supervisor: _____ Date: _____