



# INSTITUTE OF POSTGRADUATE STUDIES

## CHANGE / ADD OF SUPERVISOR/CO-SUPERVISOR/ SUPERVISORY COMMITTEE

### A. STUDENT PARTICULARS

Student Name :	Student ID Number
	Date of registration
Programme :	Specialization:
Telephone No:	Email:
Proposed Thesis Title:	

**Name of Present Main Supervisor/Co Supervisor		Signature
1		
2		
3		
Justification/Reason to change Main/Co Supervisor:		

*\*\*Student will remain under current supervisor/Co-Supervisor subject to approval from Senate*

Proposed Name(s) Main /Co Supervisor	
NAME	CAMPUS
1.	
2.	
3.	
Signature of student : <span style="float: right;">Date:</span>	

### B. RECOMMENDATION BY HOPG/DEAN CAMPUS

Recommended		Not Recommended	
New Main/Co Supervisor assigned to student			
1.			
2.			
3.			
Signature & Official Stamp : <span style="float: right;">Date:</span>			

*Noted: The application is subject to the approval by Senate meeting.*