



## REQUEST FOR CHANGE OF SUPERVISOR / CO - SUPERVISOR

| A. TO BE COMPLETED BY CANDIDATE  |        |        |           |               |  |        |        |                                |               |
|--|--------|--------|-----------|---------------|--|--------|--------|--------------------------------|---------------|
| Name :   |        |        |           |               |  |        |        |                                |               |
| Registration No. :   |        |        |           | Department :  |  |        |        |                                |               |
| Programme :  |        |        |           |               |  |        |        |                                |               |
| Mobile :   |        |        | E-mail :  |               |  |        |        |                                |               |
| Start of Candidature   | Sem. : | I / II | Session : | 20 __ / 20 __ | Max. Period of Candidature   | Sem. : | I / II | Session :                      | 20 __ / 20 __ |
| Field of Research :  |        |        |           |               |  |        |        |                                |               |
| Reason for Change* <input type="checkbox"/> <b>New Supervisor</b> <input type="checkbox"/> <b>New Co-Supervisor</b> * Please $\checkmark$  |        |        |           |               |  |        |        | Candidate's Signature<br>Date: |               |
| B. TO BE COMPLETED BY <u>CURRENT</u> SUPERVISOR / CO-SUPERVISOR  |        |        |           |               |  |        |        |                                |               |
| <input type="checkbox"/> Agree <input type="checkbox"/> Disagree   |        |        |           |               |  |        |        | Signature:<br>Stamp:<br>Date:  |               |
| Other comments (if any) :  |        |        |           |               |  |        |        |                                |               |
| C. TO BE COMPLETED BY <u>CURRENT</u> SUPERVISOR (2) – if applicable  |        |        |           |               |  |        |        |                                |               |
| <input type="checkbox"/> Agree <input type="checkbox"/> Disagree   |        |        |           |               |  |        |        | Signature:<br>Stamp:<br>Date   |               |
| Other comments (if any) :  |        |        |           |               |  |        |        |                                |               |
| D. TO BE COMPLETED BY * <input type="checkbox"/> NEW SUPERVISOR <input type="checkbox"/> NEW CO-SUPERVISOR * Please $\checkmark$   |        |        |           |               |  |        |        |                                |               |
| <input type="checkbox"/> Agree <input type="checkbox"/> Disagree   |        |        |           |               |  |        |        | Signature:<br>Stamp:<br>Date   |               |
| Other comments (if any) :  |        |        |           |               |  |        |        |                                |               |
| E. OFFICIAL USE  |        |        |           |               |  |        |        |                                |               |
| <b>Head of Department, FCSIT</b><br><br><input type="checkbox"/> Agree <input type="checkbox"/> Disagree<br><br>Other comments (if any) :<br><br><br>Signature:<br>Stamp:<br>Date: |        |        |           |               | <b>Deputy Dean (Postgraduate), FCSIT</b><br><br><input type="checkbox"/> Agree <input type="checkbox"/> Disagree<br><br>Other comments (if any) :<br><br><br>Signature:<br>Stamp:<br>Date: |        |        |                                |               |
| F. JKIT  |        |        |           |               |  |        |        |                                |               |
| <input type="checkbox"/> Diterima dan diusulkan ke Mesyuarat JKIT pada : ___ / ___ / 20 ___<br><input type="checkbox"/> Ditolak (Ulasan) :   |        |        |           |               |  |        |        | Signature:<br>Stamp:<br>Date   |               |