

Ghazali Shafie Graduate School of Government

Universiti Utara Malaysia

APPLICATION FOR WITHDRAWAL FROM SUPERVISION (for supervisor only)

SECTION A: TO BE COMPLETED BY SUPERVISOR				
Name:	Staff No.:			
Tel. No. : Office:	E-mail:			
Mobile:				
Student Name:	Student Matric No.:			
Research Title:				
Reason to withdraw from supervision (use additional paper if necessary):				
Proposed Supervisor:				
Signature:	Date:			
SECTION B: RECOMMENDATION BY THE PROGRAMME CHAIR*				
() Recommended	Date:			
() Not Recommended	Signature & Stamp:			

SECTION C: RECOMMENDATION BY THE DEAN OF THE SCHOOL*						
() Recommended	/	() Not Recommended		
Comr	ment:					
Date: Signa	ature & Stamp:					
SECTION D: APPROVAL BY THE DEAN OF GSGSG*						
() Approved			Date:		
() Disapproved			Signature & Stamp:		
* Tick √ wherever appropriate					2024	

Tick $\sqrt{}$ wherever appropriate

2024