



Ghazali Shafie
Graduate School
of Government

Universiti Utara Malaysia

GSGSG/2016/10

APPLICATION FOR CHANGE OF THESIS SUPERVISOR

SECTION A: TO BE COMPLETED BY THE CANDIDATE

Name:

Matric No.:

Programme:

Number of Semester:

Tel. No.:

E-Mail:

Mode of Study:*

Address:

() Part-time () Full-time

Research Title:

Progress of Research

Date of Colloquium:

Date of Proposal Defense:

Current Supervisor

Proposed Supervisor

Main Supervisor:

Main Supervisor:

Co-Supervisor:

Co-Supervisor:

Reason for change (use additional paper if necessary):

Signature:

Date:

SECTION B: TO BE COMPLETED BY THE RELEASING SUPERVISOR *

1. Main Supervisor:

Recommendation*

() Agree

() Disagree

Comment:
.....
.....

Name:

Staff No.:

E-mail:

Tel. No.: Office:

Mobile:

Date:

Signature & Stamp:

2. Co-Supervisor:

() Agree

() Disagree

Comment:
.....
.....

Name:

Staff No.:

E-mail:

Tel. No.: Office

Mobile:

Date:

Signature & Stamp:

SECTION C: TO BE COMPLETED BY THE PROPOSED SUPERVISOR*

1. Main Supervisor:

() Agree

() Disagree

Comments:
.....
.....

Name:

Staff No.:

E-mail:

Tel. No.: Office

Mobile:

Date:

Signature & Stamp:

2. Co-Supervisor:

() Agree

() Disagree

Comments:
.....
.....

Name:

Staff No.:

E-mail:

Tel. No.: Office:

Mobile:

Date:

Signature & Stamp:

SECTION D: RECOMMENDATION BY THE DEAN OF THE SCHOOL*

() Recommended

Date:

() Not Recommended

Signature & Stamp:

SECTION D: APPROVAL BY THE DEAN OF GSGSG*

() Approved

Date:

() Disapproved

Signature & Stamp

Or

() To be decided by the Appeal
Committee

SECTION D: FOR OFFICE (GSGSG) USE ONLY

Received Date:

Processed Date:

Decision by the Appeal Committee (if applicable):

Date of the Meeting:

Comment:

Signature & Stamp:

* Tick wherever appropriate