



Ghazali Shafie
Graduate School
of Government

Universiti Utara Malaysia

GSGSG/010

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:* () Part-time () Full-time	Address:
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 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