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Universiti Utara Malaysia

GSGSG/012

APPLICATION TO DISCONTINUE SERVICE 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:

Supervisor to be discontinued:

Main Supervisor:

Main Supervisor:

Co-Supervisor:

Co-Supervisor:

Reason to discontinue service (use additional paper if necessary):

Signature:

Date:

SECTION B: TO BE COMPLETED BY THE SUPERVISOR

1. Main Supervisor:

() Agree

() Disagree

Comment:

.....

.....

Name:

Date:

Signature & Stamp:

2. Co-Supervisor:

() Agree

() Disagree

Comment:

.....

.....

Name:

Date:

Signature & Stamp:

SECTION C: 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 E: 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