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| **NOMINATION OF ADDITIONAL SUPERVISOR** |
| **INSTRUCTIONS:****Section A** To be completed by the candidate**Section B** To be completed by the Current Supervisor **Section C** To be completed by Additional Supervisor**Section D**To be completed by School Dean**Section E**To be completed by AHSGS DeanCompleted form should be sent to AHSGS via:1. At the counter of AHSGS
2. Email at ahsgsservices@uum.edu.my

**Only completed form will be processed** |
| **SECTION A** |
| **Candidate Information** |
| Name : |  |
| Telephone No: |  | Matric No.: |  |
| IC/Passport No: |  | Semester |  |
| E-mail: |  | Session: |  |
| Program: |
| Semester/Year of Study: |  | Current CGPA: |  | Current Semester: |  |
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| Research Title : |  |
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| Reason for nomination of additional supervisor: | (Please give in details and use additional paper if necessary) |
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| Candidate Signature  |  | Date: |
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| **SECTION B**  |
| Name : |  |  |
|  |  |  |
| Telephone No: (Office): |  | Staff No.: |  |
|  |  |  |  |
| (Mobile): |  | Email: |  |
|  |
| Comments: (Please provide detail comments) |  |
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|  |  |  |
| Signature and Official Stamp |  | Date: |
| **SECTION C** |
|  |
| Name : |  |  |
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| Telephone No: (Office): |  | Staff No.: |  |
|  |  |  |  |
| (Mobile): |  | Email: |  |
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|  |
|  |  | Agree |  | Disagree |
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| Signature and Official Stamp |  | Date |
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| **SECTION D** |
|  |
|  |  | Recommended |  | Not Recommended  |
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|  |
| Comments: (Please provide detail comments) |
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| Signature and Official Stamp |  | Date |
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| **SECTION E** |
|  |
|  |  | Approved |  | Not Approved  |
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|  |
| Comments: (Please provide detail comments) |
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|  |  |  |
| Signature and Official Stamp |  | Date |
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