|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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 Dean  Completed form should be sent to AHSGS via:   1. At the counter of AHSGS 2. Email at [ahsgsservices@uum.edu.my](mailto: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: | | | | | |  | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Research Title : | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Reason for nomination of additional supervisor: | | | | | | | | | | | | | | | (Please give in details and use additional paper if necessary) | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |  | | | | | | |  | | |
| Candidate Signature | | | | | | | | | | | | | | | | | |  | | | | | | | Date: | | |
|  | | | | | | | | | | | | | | | | | |  | | | | | | | | | |
| **SECTION B** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name : | | | | |  | | |  | | | | | | | | | | | | | | | | | | | |
|  | | | | |  | | |  | | | | | | | | | | | | | | | | | | | |
| Telephone No: (Office): | | | | | | | |  | | | | | | | | | | | | | Staff No.: | | |  | | | |
|  | | | | | | | |  | | | | | | | | | | | | |  | | |  | | | |
| (Mobile): | | | | | | | |  | | | | | | | | | | | | | Email: | | |  | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Comments: (Please provide detail comments) | | | | | | | | | | | | | | |  | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |  | | | | | | |  | | |
| Signature and Official Stamp | | | | | | | | | | | | | | | | | |  | | | | | | | Date: | | |
| **SECTION C** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name : | | | | |  | | |  | | | | | | | | | | | | | | | | | | | |
|  | | | | |  | | |  | | | | | | | | | | | | | | | | | | | |
| Telephone No: (Office): | | | | | | | |  | | | | | | | | | | | | | Staff No.: | | |  | | | |
|  | | | | | | | |  | | | | | | | | | | | | |  | | |  | | | |
| (Mobile): | | | | | | | |  | | | | | | | | | | | | | Email: | | |  | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | Agree | | | | | | | | |  | | Disagree | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |  | | | | | | |  | | | |
| Signature and Official Stamp | | | | | | | | | | | | | | | | |  | | | | | | | Date | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **SECTION D** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | Recommended | | | | | | |  | | Not Recommended | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Comments: (Please provide detail comments) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |  | | | |  | | | | |
| Signature and Official Stamp | | | | | | | | | | | | | | | | | | |  | | | | Date | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **SECTION E** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | Approved | | | | | | |  | | Not Approved | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Comments: (Please provide detail comments) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |  | | | |  | | | | |
| Signature and Official Stamp | | | | | | | | | | | | | | | | | | |  | | | | Date | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |