

Centre for Graduate Studies (CGS) Albukhary International University

NOMINATION / CHANGE OF SUPERVISOR

INSTRUCTIONS TO STUDENT

- 1. For Nomination of Supervisor, please complete Section I and submit the form to the CGS.
- 2. For Change of Supervisor, complete Section I and Section II and submit the form to the CGS.
- 3. Submit the completed form to the School by the 2^{nd} week of the 1^{st} semester for nomination of supervisor.

INSTRUCTIONS TO SCHOOL'S POSTGRADUATE COMMITTEE

Please submit the completed form to the CGS Office by the 2^{nd} week of the 1^{st} semester for nomination of supervisor.

SECTION I: NOMINATION OF SUPERVISOR [T	TO BE COMPLETED F	3Y THE STUDENT
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Name:			
Student No.:		Type of Programme: Masters / PhD	
Name of Programme:			
Telephone No.:	Email:		
Proposed Thesis Title:			
Name of Proposed Supervisor:			Signature
1.			
2.			
Signature of Student Date:			
SECTION II: CHANGE OF SUPERVISOR [TO BE	COMPLE	TED BY THE ST	
Name of Current Supervisor/Supervisory Committee:			Signature
1.			
2.			
Proposed Name(s) of New Supervisor/Supervisory Cor	mmittee:		
1.			
2.			
Justification for Change of Supervisor:			
SECTION III: TO BE COMPLETED BY THE SCH	00L'S POS		
[] Recommended	[]	Not Recommer	ıded
Main Supervisor :			
Co-supervisor :			
Comments (if any):			
Signature and Stamp of the Dean			

FOR OFFICE USE ONLY		Remarks	
CGS's Result	APPROVED		
	NOT APPROVED		
Signature of Head of CGS			
Name and Official Stamp			
Date			
Submit to Senate for approval:			