



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<sup>nd</sup> week of the 1<sup>st</sup> semester for nomination of supervisor.

### INSTRUCTIONS TO SCHOOL'S POSTGRADUATE COMMITTEE

Please submit the completed form to the CGS Office by the 2<sup>nd</sup> week of the 1<sup>st</sup> semester for nomination of supervisor.

### SECTION I: NOMINATION OF SUPERVISOR [TO BE COMPLETED BY THE STUDENT]

Name:	
Student No.:	Type of Programme: Masters / PhD
Name of Programme:	
Telephone No.:	Email:
Thesis Title:	
Name of Proposed Supervisor:	Signature
1.	
2.	
3.	
Signature of Student _____ Date:	

### SECTION II: CHANGE OF SUPERVISOR [TO BE COMPLETED BY THE STUDENT]

Name of Current Supervisor/Supervisory Committee:	Signature
1.	
2.	
3.	
Proposed Name(s) of New Supervisor/Supervisory Committee:	
1.	
2.	
3.	
Justification for Change of Supervisor (to be filled by student) (50words):	

**SECTION III: DECLARATION BY CURRENT SUPERVISOR**

\*\*To be completed by the main or co-supervisor who is releasing the student.  
(Please cancel as appropriate)

I am/ am not* willing to release my role as the Main supervisor/Co-supervisor*	
Reason:	
Signature and Official Stamp of the Supervisor:	Date:

**SECTION IV: DECLARATION BY THE NEW SUPERVISOR**

(Please cancel as appropriate)

I am willing to take up the role of Main Supervisor/Co-supervisor* of the student. I have the competence of guiding the student through the rest of the research programme and I accept the supervisory responsibility as detailed in Postgraduate Academic Rules and Regulation book.	
I am not over-loaded with other supervision tasks assigned to me	
Other Comments:	
Signature and Official Stamp of the Supervisor:	Date:

**SECTION V: ACKNOWLEDGEMENT BY MAIN SUPERVISOR**

\*\*To be completed only if the co-supervisor is being changed. The main supervisor must acknowledge and approve this change.

I, the undersigned, acknowledge that the student has requested a change of co-supervisor. I have reviewed the request and hereby confirm my agreement to the proposed change.	
[   ] Approved                      [   ] Not Approved	
Comments (if any):	
Signature and Official Stamp of the Supervisor:	Date:

**SECTION VI: TO BE COMPLETED BY THE POSTGRDUATE PROGRAMME  
COORDINATOR/SCHOOL/FACULTY**

<input type="checkbox"/> Recommended	<input type="checkbox"/> Not Recommended
<b>Comments (if any):</b>          	
_____ Signature and Stamp Date:	

<p><b>FOR OFFICE USE ONLY</b></p> <p>PGC's Result                      APPROVED                      <input type="checkbox"/></p> <p>                                                 NOT APPROVED                      <input type="checkbox"/></p> <p>Main Supervisor:</p>          <p>Co-Supervisor:</p>          <p>Signature of Director of CGS</p> <p>.....</p> <p>Name and Official Stamp</p> <p>.....</p> <p>Date:</p>	<p><b>Remarks</b></p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
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