

MASTER PROJECT 2 REGISTRATION FORM

No. Dokumen : SKA.B.PS.R.01
Tarikh Kuatkuasa : 1 Julai 2018
Tarikh Semakan : 23 Januari 2019
No. Semakan : 00

SECTION A: TO BE COMPLETED BY STUDENT

Name : _____
Matric No. : _____
ICID No / IC No : _____
Programme and Code : _____
Semester/Session : _____
Mobile Phone No. : _____

Details of the Project:

Proposed field of the project (for School to identify the relevant supervisor(s)):-

Title of the Project:-

Supervisor(s) : 1. _____
2. _____

Student's Signature : _____ Date : _____

SECTION B: SUPERVISOR'S DECLARATION (if applicable)

I/We certify that Mr./Miss _____
will be carrying out his/her Master Project research work entitled as given above under my/our
supervision.

(signature)

Name : _____

Department : _____

Contact No.: ☎ _____ Email: _____

Note:

Assignment of a supervisor to any student is subject to approval from the School's Postgraduate Studies
Committee.