


**SCHOOL OF GRADUATE STUDIES**

 LEVEL 2, BLOCK F54, UNIVERSITI TEKNOLOGI MALAYSIA,  
 81310 SKUDAI JOHOR BAHRU, JOHOR

**APPLICATION FOR APPOINTMENT OF EXTERNAL CO-SUPERVISOR**

Request Please tick (v)	Co- Supervisor
Appointment	
Termination	

**SECTION A: TO BE COMPLETED BY THE STUDENT**
**1. STUDENT'S DETAILS**

a) Name	:	
b) NRIC/PASSPORT	:	
c) Matric No	:	
d) Programme	:	
e) Faculty	:	
f) Current Semester	:	
g) Title of Thesis:	:	
h) Contact No	:	
i) Email	:	
j) Is the student currently under any sponsorship?	Yes	No
If yes, kindly state the sponsorship body		
k) Is the student UTM's staff?	Yes	No
l) Is the student currently on study leave?	Yes	No
If Yes,	Period of study leave	:

**2. DETAILS OF THE PROPOSED (NEW/TERMINATION) EXTERNAL SUPERVISOR**

Note: Kindly attached a copy of the following documents together with the application form:

- 1) A copy of Identification Card or Passport (**Applicable for appointment only**)
- 2) A copy of the latest curriculum vitae (CV) of the proposed external supervisor (**Applicable for appointment only**)

a) Name	:	
b) Identification Card / Passport No	:	
c) Contact No	:	
d) Email	:	

<b>e) Correspondence Address</b>	:	
<b>f) Employer Details</b>	Organization	:
	Address:	:
	Position:	:
<b>g) Field of Study</b>	:	

**3. REASON(S) OF THE EXTERNAL SUPERVISOR APPOINTMENT/TERMINATION :**

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**SECTION B: TO BE COMPLETED BY THE MAIN SUPERVISOR**

**1. HAVE ALL PARTIES DISCUSSED AND MUTUALLY AGREED ON THE ISSUE OF INTELLECTUAL PROPERTIES AND COPYRIGHT?**

Yes	No
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**2. MAIN SUPERVISOR'S DETAILS**

<b>a) Name</b>	:	
<b>b) Faculty</b>	:	
<b>c) Contact No</b>	:	
<b>d) Email</b>	:	
<b>e) Signature</b>	:	
<b>f) Date</b>	:	

**SECTION C: TO BE COMPLETED BY THE FACULTY (DEPUTY DEAN/ACADEMIC  
MANAGER/DIRECTOR/DEPUTY REGISTRAR)**

Please tick (✓)	RECOMMENDED		NOT RECOMMENDED	
Comment(s) if any	:			
Signature	:			
Name	:			
Official Stamp	:			
Date	:			

**SECTION D: TO BE COMPLETED BY THE REGISTRAR OFFICE (HUMAN  
RESOURCE DEVELOPMENT) – FOR UTM’S STAFF**

Please tick (✓)	RECOMMENDED		NOT RECOMMENDED	
Comment(s) if any	:			
Signature	:			
Name	:			
Official Stamp	:			
Date	:			

**SECTION E: SCHOOL OF GRADUATE STUDIES**

Please tick (✓)	RECOMMENDED		NOT RECOMMENDED	
Comment(s) if any	:			
Signature	:			
Name	:			
Official Stamp	:			
Date	:			