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|  | **SCHOOL OF GRADUATE STUDIES** |  **UTM.SPS.B (PSP)/01/2024 – Pind.0/2024**  |
| **NEXUS ATTACHMENT PROGRAMME****POSTGRADUATE RESEARCH INTERNSHIP FUNDING APPLICATION FORM** |

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| **APPLICATION** |  | NEW |
|  |  | EXTENSION |

**INSTRUCTION:**

1. Application should be made by Mphil / Phd Local Candidate.
2. Supporting documents required are as follows:
3. Curriculum Vitae
4. Research Internship Proposal
5. Academic Transcript
6. Internship offer letter from Host Company / Institution

**SECTION A**

(To be completed by the student)

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| **PERSONAL PARTICULARS** |
| Name (write in BLOCK Letters and UNDERLINE Surname/family name) | *Photograph of Candidate* |
| Permanent address: | Tel (mobile) :E-mail :**Emergency contact**Name : Relationship :Tel (mobile) : |
| Mailing address: |
| Date of birth: | Age: | \* Marital Status: Single/Married |
| \*Sex: Male/Female | Nationality | Religion |
| IC Number  | Matrix No : | Ethnic group *(if applicable)* |
| **ACADEMIC PROGRAMME** |
| Programme Name |  |
| Programme Code |  |
| Faculty |  |
| Semester |  |
| Entry date |  |
| First Assessment / Proposal defense approval date |  |
| **INTERNSHIP DETAILS** |
| Name andplace of institution / company attended |  |
| \*Is this Company among the Multinational companies (MNC) / Government Link Company (GLC) companies in Malaysia? Yes/No/Not Relevan |  |
| \*Is this institution listed in the Top 200 QS World University Ranking? Yes/No/Not Relevan |  |
| Date of Internship  | From |  | Until |  |
| Duration of Internship |  |
| Title of Research Project / Proposal |  |
| KPI |  |

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| --- |
| Is this appointment sponsored by any agency/ institution? Yes/No If yes, please enclose necessary documents. |
| **CANDIDATE’S DECLARATION** |
| I hereby proclaim that all information given as stated above is accurate and true. I understand that any inaccurate or false information or omission of material information will render this application invalid and that, if admitted and awarded **NEXUS ATTACHMENT PROGRAMME – POSTGRADUATE RESEARCH INTERNSHIP** on the basis of such information, my candidature can be terminated, and I can also be subjected to any penalty in the agreement.Name :Signature : Date : |

**SECTION B**

(To be completed by the UTM Supervisor)

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| **SUPERVISOR’S PARTICULARS** |
| Name |  |
| Staff ID |  |
| Title of position held |  |
| \*Status of position held: Permanent/Temporary/Contract/ Assignment/Secondment or others (please indicate) |  |
| Email |  |
| Phone Number |  |
| Are there any possibilities that you will retire/going for sabbatical leave/be transferred to other places/end your contract within the proposed appointment period of this applicant? |
| Comments (if any) |  |
| Signature & Stamp  |

**SECTION C**

(To be completed by the Host Supervisor)

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| **HOST SUPERVISOR’S PARTICULARS** |
| Name |
| Title of position held |  |
| \*Status of position held: Permanent/Temporary/Contract/ Assignment/Secondment or others (please indicate) |  |
| Expertise |  |
| Email |  |
| Phone Number |  |
| Institution Adress |  |
| Comments if Any : |  |
| Signature & Stamp  |

**SECTION D**

 (To be completed by Faculty)

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| **FACULTY** |
| I affirm that all information given is accurate and correct.

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| **SUPPORT** |  |
| **NOT SUPPORT** |  |

Name :Signature : Date : |

**SECTION E**

 (To be completed by Secretariat)

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| **CHAIR OF SPS** |
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| **RECOMMENDED** |  |
| **NOT RECOMMEDED** |  |

**COMMENTS**  :Name :Signature : Date : |

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| **CHAIR OF RESEARCH ALLIANCE** |
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|  |  |
| --- | --- |
| **RECOMMENDED** |  |
| **NOT RECOMMEDED** |  |

**COMMENTS**  :Name :Signature : Date : |

*THANK YOU.*

*RESULT WILL BE NOTIFIED BY THE SECRETARIAT BY EMAIL.*

***OUR CONTACT:***

*UTM NEXUS ATTACHMENT PROGRAMME SECRETARIAT*

*graduate@utm.my*