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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)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **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 and  place 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)

|  |  |
| --- | --- |
| **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.   |  |  | | --- | --- | | **SUPPORT** |  | | **NOT SUPPORT** |  |   Name :  Signature : Date : |

**SECTION E**

(To be completed by Secretariat)

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| **CHAIR OF SPS** |
| |  |  | | --- | --- | | **RECOMMENDED** |  | | **NOT RECOMMEDED** |  |   **COMMENTS**  :  Name :  Signature : Date : |

|  |
| --- |
| **CHAIR OF RESEARCH ALLIANCE** |
| |  |  | | --- | --- | | **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*