

UMP (FTKKP) PD-00

**PROPOSAL DEFENSE APPLICATION FORM**

**FACULTY OF CHEMICAL & PROCESS ENGINEERING TECHNOLOGY**

 **SECTION A : STUDENT’S INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
| STUDENT NAME |  | **:** |  |
| PHONE NO. |  | **:** |  |
| ID NO. |  | **:** |  |
| PROGRAMME |  | **:** |  |
| NO. OF SEMESTER |  | **:** |  |
| CLUSTER |  | **:** |  |
| SUPERVISOR’S NAME |  | **:** |  |
| CO-SUPERVISOR 1 |  | **:** |  |
| CO-SUPERVISOR 2 |  | **:** |  |
| LEVEL OF STUDY |  | **:** |  **Master by Research PhD** |
| TYPE OF STUDY |  | **:** |  **Full-time Part-time** |
| THESIS TITLE |  | **:** |  |

 ***( Please attached three (3) copies of the Proposal - need to be verify by Main SV )***

**PROPOSAL DEFENSE REQUIREMENT**

 ***(Student must complete the Research Methodology course before Proposal Defense. Student is not allow to go for the proposal defense if you are not completed the Research Methodology course ) – Please tick ( √ ) in the box.***

|  |  |  |
| --- | --- | --- |
| **COURSE NAME** | **COURSE CODE** | **TICK (√)** |
| RESEARCH METHODOLOGY | PIR1103 MIR110 |  |

##  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature Date

 **SECTION B : VERIFICATION BY MAIN SUPERVISOR**

1. I hereby confirm on the following **:**

1. All details as stated in Section A are **CORRECT**
2. The application for the proposal defense is :

Supported Not Supported

2. Main Supervisor comment (Kindly attach separately if there are not enough space)

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Suggestion’s Name of Panel for Proposal Defense (Internal) :-

**(Main Supervisor must nominate three (3) names are required by IPS. Main SV is advised to choose the internal that are in related field with student resarch)**

3.1 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Proposed Panel 1)

3.2 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Proposed Panel 2)

3.3 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Proposed Chairman/Panel 3)

3.4 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Additional Panel)

Hereby, I verify that the above statements are true and student has passed the Research Methodology course.

##  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Main SupervisorSignature & Official Stamp Date

**SECTION C : VERIFICATION BY HEAD OF CLUSTER**

Selected Name for Panels :-

|  |  |  |  |
| --- | --- | --- | --- |
| CHAIRPERSON/PANEL 3 |  | **:** |  |
| PANEL 1 |  | **:** |  |
| PANEL 2 |  | **:** |  |
| ADDITIONAL MEMBERS (If any) |  |  | 1. |

##  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature & Official Stamp Date

**SECTION D : VERIFICATION BY RESEARCH & POSTGRADUATE STUDIES ADMINISTRATIVE**

 Completed

Incompleted (remarks) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

##  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature & Official Stamp Date

**SECTION E : VERIFICATION BY DEPUTY DEAN (RESEARCH & POSTGRADUATE STUDIES)**

Selected Name for Panels :-

|  |  |  |  |
| --- | --- | --- | --- |
| CHAIRPERSON |  | **:** |  |
| PANEL 1 |  | **:** |  |
| PANEL 2 |  | **:** |  |
| ADDITIONAL MEMBERS (If any) |  |  | 1. |

##  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature & Official Stamp Date