SCHOOL OF GRADUATE STUDIES UNIVERSITI TEKNOLOGI MALAYSIA

APPLICATION FOR THE APPOINTMENT OF EXTERNAL SUPERVISOR (CO-SUPERVISOR)

This application is made by supervisor. Please lodge with the School of Graduate Studies through the respective Faculty Graduate Studies Committee.

Section A : To be completed by the main Supervisor of the candidate.

1. A	About the candidate Name:					
В	Identity Card/Passport/Matric No. :					
C	Programme :					
D Title of the thesis :						
E F	Is the candidate sponsored : Yes No If YES, state the sponsoring body :					
1	11 123, state the sponsoring body .					
G	Is the candidate UTM's staff: Yes No					
F	If YES, a. staff number :					
	b. Date of the period of study leave approved :					
2.	About the proposed external supervisor (Please enclose the curriculum vitae of the proposed external supervisor)					
Α	Name :					
В	Employer :					
	a. Organization :					
	b. Address :					
	c. Position :					
С	Correspondence address :					
D	Curriculum vitae attached : YES NO					
	Note : Application will not be processed without C.V.					
3.	Reason(s) for the appointment of external supervisor :					
4.	If the candidate is non-UTM's staff, who and how the appointment will be financed :					
	Note: UTM will not be responsible for financing external supervisors except candidates who are UTM's staffs.					
5.	ave matters regarding Intellectual Properties and Copyrights been agreed between all arties involved?					
	YES NO					

Note: Agreement between parties involved on IP and Copyrights matters will be signed upon acceptance of appointment. Please consult UTM's Legal Officer for advice.

6. About the a	applicant (Supervisor)	Signature	:	
Tel. No. : Email :		Date		
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	be completed by the respective Chairpe			
The application t	o appoint an external supervisor for the o	candidate named		
	APPROVED NOT APPRO	OVED		
Comment(s) (if a	any) :			
Name :		Signature :		
	be completed by the Registrar Office (He composite an external supervisor for the composite and the co			
	APPROVED NOT APPRO	OVED		
Comment(s) (if a	any) :			
		C : .		
Name : Tel. No. :		Signature : Date :		
Section D : Offi	ice Use only (School of Graduate Studie	s)		
Check list :	CV UTM's staffs	Non L	ITM's staff/Financi	ing
Action taken :	Action	Date	Nai	me/Initial
	1. Form received			
	2. Approved			
	3. Appointment			
	4. Acceptance of appointment			