**POTENTIAL SUPERVISOR NOMINATION FORM**

|  |  |  |  |  |  |  |  |  |  |
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| **1. STUDENT’S PARTICULARS** | | | | | | | | | |
| **Name** | | | |  | | | | | |
| **NRIC / Passport No.** | | | |  | | | **Matrix No.** | |  |
| **Hand Phone No.** | | | |  | | | **Session/Semester** | |  |
| **Email Address** | | | |  | | | **Mode of Study** | |  |
| **Research Interests** | | | |  | | | | | |
| **2. SUPERVISOR NOMINATION** | | | | | | | | | |
| **For office use only** |  |  | | **SUPERVISOR 1** | | | | | |
|  | **Approved** | | **Name** |  | | **Stamp & Signature** |  | |
|  |  | | **SUPERVISOR 2** | | | | | |
|  | **Approved** | | **Name** |  | | **Stamp & Signature** |  | |
|  |  | | **SUPERVISOR 3** | | | | | |
|  | **Approved** | | **Name** |  | | **Stamp & Signature** |  | |
| **3. VERIFICATION BY PROGRAM COORDINATOR** | | | | | | | | | |
| **Date** | | |  | | | **Stamp & Signature** | |  | |