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| IIC logo_01 | Graduate Students Service |
| **NOMINATION OF SUPERVISOR(s)** |

PART A TO BE COMPLETED BY STUDENT

1. Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Matric No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 3. Year of Study. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Programme: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Field of study: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. Faculty/Institute: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. Proposed Nomination of Members / Supervisor

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| CHAIRMAN | Current No. of Students Being Supervised | | | | Signature and Official Stamp |
| Name:  Specialization  Correspondent Address:  Phone No.  Fax Number:  E-mail:  Skype/ooVoo ID:  Justification: | Ph.D | | Master | |  |
| C | M | C | M |  |
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| --- | --- | --- | --- | --- | --- |
| Member (if you have more than 1 supervisor) | Current No. of Students Being Supervised | | | | Signature and Official Stamp |
| Name:  Specialization  Correspondent Address:  Phone No.  Fax Number:  E-mail:  Skype/ooVoo ID:  Justification: | Ph.D | | Master | |  |
| C | M | C | M |  |
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| --- | --- | --- | --- | --- | --- |
| Member (if you have more than 2 supervisors) | Current No. of Students Being Supervised | | | | Signature and Official Stamp |
| Name:  Specialization  Correspondent Address:  Phone No.  Fax Number:  E-mail:  Skype/ooVoo ID:  Justification: | Ph.D | | Master | |  |
| C | M | C | M |  |
|  |  |  |  |  |
|  |  |  |  |  |

\* C= Chairman

\*M = Member

Please tick and sign.

I have consulted the nominated supervisors and they agree to the nomination.

I have submitted the full CV and brief profile of the nominated supervisors.

I have submitted the intent of research.

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Signature of Student Date

PART B ENDORSEMENT BY HEAD OF PROGRAMME

Endorsement Head of Programme:

Endorsed Not Endorsed

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Signature and Official Stamp Date

PART C FOR OFFICE USE

Approval of Management Committee:

Approved Not Approved

Academic Board Meeting No :

Date :