

APPOINTMENT OF SUPERVISOR FORM

Programme:

Master of Computer Science (Applied Computing)

Master of Software Engineering (Software Technology)

SECTION A: (To be completed by candidate)

Name : _____

Registration No. : _____

Email : (siswamail) _____ (Personal) _____

Tel. No. : (Office) _____ (HP) _____

RESULTS OF COURSES TAKEN

NO.	COURSE CODE	SEM/SESSION	GRADE
1			
2			
3			
4			
5			
6			
7			
8			

PNG (GPA) (*Latest*): _____ PNGK (CGPA): _____

Date: _____ Signature: _____

Tentative Title: _____

SECTION B: (To be completed by Prospective Supervisor)

Field of Research: **COMPUTING (481: COMPUTER SCIENCE)**

Name: _____ Signature & Stamp: _____

Aspect: _____

Name: _____ Signature & Stamp: _____

Aspect: _____

SECTION C: (To be completed by Office)

Comments (if any): _____

Approved Not approved

Signature & Stamp of Head of Department

Comments (if any): _____

Approved Not approved

Signature & Stamp of Deputy Dean (Postgraduate)