**PERMOHONAN PELANTIKAN PENYELIA TAMBAHAN / PERUNDING / PERTUKARAN PENYELIA / PERTUKARAN BIDANG PENYELIDIKAN**

*APPLICATION OF APPOINTMENT FOR ADDITIONAL SUPERVISOR / CONSULTANT / CHANGE OF SUPERVISOR / CHANGE OF FIELD OF RESEARCH*

Tandakan (**√**) bagi yang berkenaan / *Tick (****√****) where applicable*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **PENYELIA TAMBAHAN /** *ADDITIONAL SUPERVISOR* |  | **PERUNDING /**  *CONSULTANT* |  | **PERTUKARAN PENYELIA /** *CHANGE OF SUPERVISOR* |
|  | **PERTUKARAN BIDANG PENYELIDIKAN (DI BAWAH BIDANG PENGAJIAN YANG SAMA) /**  *CHANGE OF FIELD OF RESEARCH (WITHIN THE SAME FIELD OF STUDY)* | | | | |

**BAHAGIAN A: DIISI OLEH CALON /** *SECTION A: TO BE COMPLETED BY CANDIDATE*

1. **BUTIRAN DIRI CALON /** *DETAILS OF CANDIDATE*

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Nama / *Name*: | | | | | | | | | |
| No Pendaftaran. / *Registration no.*: | | | | | Jabatan / *Department*: | | | | |
| Program / *Programme*: | | | | | | | | | |
| Bidang Penyelidikan (asal) / *Current Field of Research*: | | | | | | | | | |
| No. Telefon / *Telephone no.*: | | | | | E-mail: | | | | |
| Pencalonan Permulaan / *Start of Candidature*: | Sem: |  | Sesi/ *Session*: |  | Tempoh Maksimum Pencalonan / *Max Period of Candidature*: | Sem: |  | Sesi/ *Session*: |  |
| Semester semasa calon / *Candidate’s* current semester | Sem:  Sesi/*Session*: | | | | | | | | |
| Bidang penyelidikan yang dicadangkan (jika berkenaan) / *Proposed Field of Research (if applicable)*: | | | | | | | | | |
| Justifikasi Permohonan\* / *Justification of application*: | | | | | | | | | |

\*Nota: Lampiran tambahan boleh disertakan (jika perlu)

\**Note: Additional attachments can be provided (if required)*

1. **RINGKASAN MAKLUMAT PENYELIAAN (PENYELIA DAN ASPEK PENYELIAAN) /** *SUMMARY OF SUPERVISION INFORMATION (SUPERVISOR AND SUPERVISION ASPECTS)*

Gugurkan bagi yang tidak berkenaan / *Strike off those not applicable*

|  |  |  |
| --- | --- | --- |
| Penyelia 1  *Supervisor 1* | Nama / *Name :*  Jabatan / *Department:*  Aspek / *Aspect :* | **(KEKAL/TAMBAHAN/GUGUR)**  *(REMAIN/ ADDITIONAL / DROP)* |
| Penyelia 2  *Supervisor 2* | Nama / *Name :*  Jabatan / *Department:*  Aspek / *Aspect :* | **(KEKAL/TAMBAHAN/GUGUR)**  *(REMAIN/ ADDITIONAL / DROP)* |
|  | Nama / *Name :*  Jabatan / *Department:*  Aspek / *Aspect :* | **(KEKAL/TAMBAHAN/GUGUR)**  *(REMAIN/ ADDITIONAL / DROP)* |
|  | Nama / *Name :*  Jabatan / *Department:*  Aspek / *Aspect :* | **(KEKAL/TAMBAHAN/GUGUR)**  *(REMAIN/ ADDITIONAL / DROP)* |
|  | Nama / *Name :*  Jabatan / *Department:*  Aspek / *Aspect :* | **(KEKAL/TAMBAHAN/GUGUR)**  *(REMAIN/ ADDITIONAL / DROP)* |
|  | Nama / *Name :*  Jabatan / *Department:*  Aspek / *Aspect :* | **(KEKAL/TAMBAHAN/GUGUR)**  *(REMAIN/ ADDITIONAL / DROP)* |

\*Nota / *Note*:

1. Sila nyatakan alamat penuh dan lampirkan CV lengkap sekiranya penyelia yang dicadangkan bukan dari UM / *Please provide full address and a complete CV if the proposed supervisor is not from UM.*
2. Sila dapatkan persetujuan pelantikan terlebih dahulu daripada Penyelia sedia ada dan Penyelia baharu yang dicadangkan / *Please obtain consent for appointment in advance from the current Supervisor and proposed Supervisor*
3. **TANDATANGAN CALON /** *SIGNATURE OF CANDIDATE*

|  |  |  |  |
| --- | --- | --- | --- |
| Tandatangan Calon / *Signature* : |  | Tarikh / *Date*: |  |

(Borang yang dilengkapkan dikemukakan kepada Pejabat TDIT / *Completed form to be submitted to DD’s office)*

**BAHAGIAN B: DIISI OLEH PENYELIA/** *SECTION B: TO BE COMPLETED BY SUPERVISOR*

1. Diisi oleh Penyelia Sedia Ada dan Penyelia/Perunding Tambahan / *To be completed by current Supervisor and Additional or Proposed Supervisor/Consultant*

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| --- | --- | --- |
| **NAMA, TANDATANGAN, COP RASMI, TARIKH** / *NAME, SIGNATURE, OFFICIAL STAMP, DATE* | **BERSETUJU DENGAN PERMOHONAN CALON (YA/TIDAK)** /  *AGREE WITH APPLICATION (YES/NO)* | **ULASAN /**  *COMMENTS* |
|  |  |  |
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**BAHAGIAN C: UNTUK KEGUNAAN PEJABAT /** *SECTION C: FOR OFFICE USE*

1. Diisi oleh Ketua Jabatan (bagi PTj yang berkenaan) / *To be completed by Head of Department (for RC concerned)*

|  |  |  |  |
| --- | --- | --- | --- |
| Nama / *Name*: |  | | |
| Jabatan /*Department*: |  | | |
| Pengesahan / *Verification:* | Dengan ini permohonan /  *Hereby, this application is*  ( ) disokong / *supported*  ( ) tidak disokong / *not supported* | Tandatangan / *Signature*: |  |
| Tarikh / *Date*: |  |
| Ulasan (jika ada) / *Comments (if any):* |  | | |

1. Kelulusan Jawatankuasa Ijazah Tinggi (JKIT) / *Approval by JKIT*

|  |  |
| --- | --- |
| Tarikh Mesyuarat / *Date of meeting* |  |
| Kelulusan / *Approval* | DILULUSKAN / TIDAK DILULUSKAN  *APPROVED / NOT APPROVED* |
| Alasan (jika permohonan tidak diluluskan) / *Reason (if application is not approved)*: |  |