



APPLICATION FOR WITHDRAWAL FROM SUPERVISION

SEMESTER: _____ SESSION: _____

INSTRUCTIONS

Please complete this form and follow the instructions:

(a) To Be Complete By the Supervisor/Mentor

Submit this form to current supervisor/mentor for completed purpose

(b) To Dean of School for Approval

Submit this form to Dean of School for approval

(c) To Director of Postgraduate Studies Unit, College of Business for Approval Submit this form to Director of Postgraduate Studies Unit, College of Business Approval

(d) Return This Form to Director of Postgraduate Studies Unit, College of Business, Universiti Utara Malaysia, 06010 UUM Sintok, Kedah

SECTION A

(To be completed by Supervisor)

Supervisor's Particular	
1. Name:	2. Staff No. :
3. Email:	4. Telephone No.: Office: Mobile:
Candidate's Particular	
5. Name:	6. Matric No. :
7. Research Title :	
8. Proposed Supervisor :	
9. Supervisor Signature and Stamp :	
10. Date :	

SECTION B

(To be completed by Dean of School for Approval)

Comment:

Approved

Not Approved

Signature and Stamp: _____

Date: _____

Name : _____

SECTION C

(To be completed by Director of Postgraduate Studies Unit, College of Business for Approval)

Comment:

Approved

Not Approved

Signature and Stamp: _____

Date: _____

Name : _____

FOR OFFICIAL USE

Signature and Stamp: _____

Date : _____