

APPLICATION TO CONTINUE STUDY

Name : _____
Matric No. : _____
Programme : _____
Current Semester : _____
E-Mail : _____ Telephone : _____

1st Supervisor : _____
2nd Supervisor (if any) : _____
School : _____

TO BE COMPLETED BY THE SUPERVISORS

Research Progress

Expected Date of Completion (Viva)

I hereby support/do not support the application to continue study for the above student

Supervisor's signature and Stamp

Date

FOR OFFICE USE

Recommendation from JIL UUM COB _____ Date : _____

Recommended Not Recommended/ Termination