



PEJABAT TIMBALAN NAIB CANSOLOR
(AKADEMIK DAN ANTARABANGSA)

UPMTNCAA/PS/GS-10a

**PENAMAAN JAWATANKUASA PENYELIAAN
NOMINATION OF SUPERVISORY COMMITTEE**

BAHAGIAN A **UNTUK DILENGKAPKAN OLEH PELAJAR**
PART A **TO BE COMPLETED BY STUDENT**

1. Nama Penuh:
Full Name: _____

2. No. Matrik:
Matric No.: _____

3. Bil. Semester:
Semester No.: _____

4. Program:
Programme: _____

5. Bidang Pengajian:
Field of Study: _____

6. Fakulti/Institut:
Faculty/Institute: _____

7. Status:
Status: _____

8. PNGK:
CGPA: _____

9. Tajuk Penyelidikan:
Research Title: _____

10. Cadangan Penamaan Ahli Jawatankuasa Penyeliaan:
Proposed Nomination of Members of a Supervisory Committee:

CHAIRMAN	Bil. Pelajar Semasa yang Diselia (Current No. of Students Being Supervised)				Tandatangan dan Cap Rasmi Signature and Official Stamp
	PhD		Master		
	C	M	C	M	
Nama : Name					
Pengkhususan : Specialization					
Jabatan : Department					
Fakulti/Institut : Faculty/Institute					
No. Telefon : Phone No.					
No. Faks : Fax. No.					
E-mel : E-mail					

<u>INTERNAL MEMBER</u>	Bil. Pelajar Semasa yang Diselia (Current No. of Students Being Supervised)				Tandatangan dan Cap Rasmi Signature and Official Stamp
	PhD		Master		
	C	M	C	M	
Nama : <i>Name</i> Pengkhususan : <i>Specialization</i> Jabatan : <i>Department</i> Fakulti/Institut : <i>Faculty/Institute</i> No. Telefon : <i>Phone No.</i> No. Faks : <i>Fax. No.</i> E-mel : <i>E-mail</i>					

<u>INTERNAL MEMBER</u>	Bil. Pelajar Semasa yang Diselia (Current No. of Students Being Supervised)				Tandatangan dan Cap Rasmi Signature and Official Stamp
	PhD		Master		
	C	M	C	M	
Nama : <i>Name</i> Pengkhususan : <i>Specialization</i> Jabatan : <i>Department</i> Fakulti/Institut : <i>Faculty/Institute</i> No. Telefon : <i>Phone No.</i> No. Faks : <i>Fax. No.</i> E-mel : <i>E-mail</i>					

<u>INTERNAL MEMBER</u>	Bil. Pelajar Semasa yang Diselia (Current No. of Students Being Supervised)				Tandatangan dan Cap Rasmi Signature and Official Stamp
	PhD		Master		
	C	M	C	M	
Nama : <i>Name</i> Pengkhususan : <i>Specialization</i> Jabatan : <i>Department</i> Fakulti/Institut : <i>Faculty/Institute</i> No. Telefon : <i>Phone No.</i> No. Faks : <i>Fax. No.</i> E-mel : <i>E-mail</i>					

Bukan Kakitangan UPM
Non-UPM Staff

<u>EXTERNAL MEMBER</u>	Bil. Pelajar Semasa yang Diselia (Current No. of Students Being Supervised)				Tandatangan dan Cap Rasmi <i>Signature and Official Stamp</i>
	PhD		Master		
	C	M	C	M	
Nama : <i>Name</i> Pengkhususan : <i>Specialization</i> Alamat Pejabat : <i>Office Address</i> No. Telefon : <i>Phone No.</i> No. Faks : <i>Fax. No.</i> E-mel : <i>E-mail</i>					

<u>EXTERNAL MEMBER</u>	Bil. Pelajar Semasa yang Diselia (Current No. of Students Being Supervised)				Tandatangan dan Cap Rasmi <i>Signature and Official Stamp</i>
	PhD		Master		
	C	M	C	M	
Nama : <i>Name</i> Pengkhususan : <i>Specialization</i> Alamat Pejabat : <i>Office Address</i> No. Telefon : <i>Phone No.</i> No. Faks : <i>Fax. No.</i> E-mel : <i>E-mail</i>					

(C: Chairman, M: Member)

Tandatangan Pelajar
Signature of Student

Tarikh
Date

**BAHAGIAN B
PART B**

**PENGESAHAN FAKULTI/INSTITUT
ENDORSEMENT OF THE FACULTY/INSTITUTE**

Pengesahan Penyelaras Pengajian Siswazah Fakulti/Institut:

Endorsement of the Faculty/Institute's Coordinator of Graduate Studies:

Disahkan
Endorsed

Tidak Disahkan
Not Endorsed

Tandatangan dan Cap Rasmi
Signature and Official Stamp

Tarikh
Date

**BAHAGIAN C
PART C**

**UNTUK KEGUNAAN SEKOLAH PENGAJIAN SISWAZAH
FOR SCHOOL OF GRADUATE STUDIES USE**

Kelulusan Jawatankuasa Pengajian Siswazah Universiti:

Approval of University Graduate Studies Committee:

Diluluskan
Approved

Tidak Diluluskan
Not Approved

Bil. Mesyuarat JKPSU:

JKPSU Meeting No: _____

Tarikh:

Date: _____