



SUPERVISION COMMITTEE RENOMINATION

- Student must complete Section A and submit to CGS for further approval.

SECTION A: TO BE COMPLETED BY STUDENT

1. Full Name : _____
2. Matric No. : _____ 3. Month and Year of Entry: _____
4. Programme : _____
5. Field of Study : _____
6. Faculty : _____
7. Research Title : _____

8. Current Supervision Committee Members:
 Main Supervisor : _____
 Co-Supervisors : 1) _____
 2) _____
 3) _____
 4) _____

9. Reason(s) for Renomination:

<input type="checkbox"/>	Change in the field of study
<input type="checkbox"/>	Withdrawal of an existing committee member
<input type="checkbox"/>	Resignation of an existing committee member/No longer serving the university
<input type="checkbox"/>	Additional committee member is needed
<input type="checkbox"/>	Others (please state): _____

10. Justification: _____

11. Supervision Committee Nomination Proposal:

MAIN SUPERVISOR (M.S)	Current No. of students being supervised				Signature and Official Stamp
	PhD		Master		
	M.S.	Member	M.S.	Member	
Name:					
Specialisation:					
Department:					
Faculty:					
Phone No.:					
Email:					
COMMITTEE MEMBER					
Name:					
Specialisation:					
Department:					
Faculty:					
Phone No.:					
Email:					
COMMITTEE MEMBER					
Name:					
Specialisation:					
Department:					
Faculty:					
Phone No.:					
Email:					
COMMITTEE MEMBER					
Name:					
Specialization:					
Department:					
Faculty:					
Phone No.:					
Email:					

Student's Signature

Date

SECTION B : DEPARTMENT RECOMMENDATION

Recommendation by Head of Department:

Recommended

Not Recommended

If the renomination of supervisory committee involves omission of supervisor(s), please tick (✓) below:

Omitted supervisor has been notified and consented the decision

Omitted supervisor has been notified and disagree with the decision. Please justify

Comment (if any) :

Signature and Official Stamp

Date

SECTION C: FACULTY VERIFICATION

Graduate Studies Committee Verification (Faculty Level):

Verified

Unverified

Comment (if any) :

Signature and Official Stamp

Date

SECTION D: UNIVERSITY GRADUATE STUDIES COMMITTEE APPROVAL

University Graduate Studies Committee Approval:

Approved

Rejected

Comment (if any) : _____

Graduate Studies Committee Record of Meeting (JPSU): _____

Date: _____