



Proposal for DRSC Formation

Part I: To be filled in by the supervisor

Name of the student:

Student ID : Session :

Date of admission : No. of semesters completed :

Current year : Current semester :

Thesis title

Studentship status : (a) Full time (b) Part-time (Please circle the appropriate option)

Proposed DRSC by the supervisor:

Chairman: Supervisor

Members:

(a) Co-supervisor (if any)

(b) Two faculty members from the relevant fields of study from within the Department of the University

(c) One faculty member from the relevant fields of study from outside the University

Note: A CV of each member of the DRSC must be attached

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Date and signature of the supervisor (official seal)

Part II: To be forwarded by the chairman of the department

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Date and signature of the chairman (official seal)

Part III: To be approved by the dean of the faculty

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Date and signature of the dean (official seal)