

**APPLICATION FORM FOR CHANGE OF CANDIDATURE STATUS FROM
MASTER'S PROGRAMME BY RESEARCH TO DOCTORAL PROGRAMME BY
RESEARCH**

PART A: TO BE FILLED BY FULL-TIME CANDIDATE

Name:		
Registration No.:		
Programme:		
Department/Faculty:		
Date of Registration :		
Signature:		Date:

**FULL-TIME CANDIDATE IS REQUIRED TO ATTACH THE FOLLOWING
SUPPORTING DOCUMENTS:**

No.	Item
1	A copy of result of Research Methodology course
2	A research report of not more than 6000 words, which contains: <ol style="list-style-type: none"> (1) Introduction and scope of research, (2) Research objectives (3) Research methods (4) Research plan which leads to Doctoral level of 'Gantt Chart' research
3	A copy of relevant research results as below: <ol style="list-style-type: none"> (1) one journal paper accepted for publication and one seminar presentation at the university, national or international level. <p style="text-align: center;">OR</p> <ol style="list-style-type: none"> (2) a patent application that is pending or has been approved and a seminar presentation at the university, national or international level.

***Note:**

Full-time candidate is required to submit a complete form to the supervisor.

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PART B: RECOMMENDATION BY SUPERVISOR(S) (PLEASE TICK (✓) WHERE APPLICABLE)

1. SUPERVISOR'S CONFIRMATION

I hereby confirm the following:

(1) The information provided by the full-time candidate is complete and true.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(2) The full-time candidate's progress report is satisfactory.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If unsatisfactory, please state the reason:		

2. SUPERVISOR'S RECOMMENDATION

Recommendation of full-time candidate application for change of nomination from a Master's programme by research to a Doctoral programme by research.

Supervisor 1 (Name)	<input type="checkbox"/> supported	<input type="checkbox"/> Not supported	Signature:
If the application is not supported, please state the justification:			Date:
Supervisor 2 (Name)	<input type="checkbox"/> supported	<input type="checkbox"/> Not supported	Signature:
If the application is not supported, please state the justification:			Date:
Supervisor 3 (Name)	<input type="checkbox"/> supported	<input type="checkbox"/> Not supported	Signature:
If the application is not supported, please state the justification:			Date:

*Notes:

1. Additional reports may be attached (if necessary)
2. Supervisors must submit the completed form to the Head of Department or Deputy Dean (Postgraduate) [which ever applicable].

PART C: RECOMMENDATION BY HEAD OF DEPARTMENT (IF APPLICABLE)

Notes:	<input type="checkbox"/> Full-time candidate meets all the requirements and application is supported. <input type="checkbox"/> Application is not supported.	
Name:	Signature:	Date:

(Please tick (✓) where applicable)

PART D: FOR DEPUTY DEAN (POSTGRADUATE) OFFICE USE

Remarks:	<input type="checkbox"/> Application accepted <input type="checkbox"/> Application rejected
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(Please tick (✓) where applicable)

Name:	Signature:	Date:
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