|  |  |
| --- | --- |
| **Name**  |  |
| **Matriculation No**  |  |
| **Programme Type**  | Ph.D. / Master’s |
| **School and/or Division/Centre** |  |
| **Start Date of Candidature**  |  |
| **Latest CGPA** |  |

**To be completed by the School**

The above research student is due for the following:

1. Report and/or renewal of scholarship
	* Annual Assessment Report
	* Thesis Advisory Committee (TAC) Report
	* To renew the monthly scholarship of $\_\_\_\_\_\_\_\_\_\_\_\_ for \_\_\_\_\_ months
	* Top up stipend allowances by school: $­­­­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_
2. \*Confirmation of Candidature
	* Confirmation of Masters/Ph.D. candidature

**HWG702 (Only applicable for students under Research Scholarship Block <RSB>)**

* + Pass
	+ Fail

**Epigeum Research Integrity Course**

* + Pass
	+ Fail

After confirmation, the monthly scholarship is to be $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (if applicable)

The confirmation panel’s report / supervisor’s report is enclosed.

* + Yes
	+ No (reasons:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)
	+ Confirmation is unsuccessful. The student is to undergo a 2nd confirmation exercise by date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The current candidature will continue in the meantime **without scholarship**.

1. GAP Hours (Up to date)

Number of hours : \_\_\_\_\_\_\_\_\_\_\_\_

1. #Others
	* Seminar Attendance (minimum 10 Seminars per academic year)
	* Presentation to Thesis Advisory Committee (TAC)

***# Mandatory for students under RSB with effect from August 2017.***

***\*School is required to attach a copy of student’s Academic Records printed out from Graduate Student’s (GS) Link.***

**Note: It is mandatory for Research student to complete Epigeum Research Integrity Course prior to confirmation*.***

**To be completed by Dean / Programme Chair / Associate Chair (Research) or its designate**

I approve the above recommendation(s). Renewal of scholarship for \_\_\_\_\_\_\_\_ months at $\_\_\_\_\_\_\_\_\_\_\_\_\_ (*please key in amount directly)* per month is approved / not approved.

Reasons for recommendation:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Name/ Designation Signature Date