NANYANG TECHNOLOGICAL UNIVERSITY

PROPOSED RESEARCH TOPIC AND SUPERVISOR / THESIS ADVISORY COMMITTEE FOR MA / PH.D. RESEARCH STUDENTS

This form is to be completed by the student (together with research proposal write-up) and should be submitted to the WKWSCI Student Services Centre by the 2nd teaching week of 2nd semester from the start of candidature.

SECTION A: STUDENT INFORMATION

Name of Candidate:		Matriculation No:	
	(Mr/Mrs/Miss/Mdm)		
Degree Candidature:	**R**esearch Student (Ph.D.)/ (MA)*		
Commencement Date:		School:	

SECTION B: PROPOSED RESEARCH TOPIC

Please write in block letters.

(*A short write-up must be attached; scope of project, Master or PhD, must also be stated)*

SECTION C: PROPOSED SUPERVISOR / THESIS ADVISORY COMMITTEE

Please fill in the names of the members below and have their signature.

There should be one supervisor and a co-supervisor for a candidate.

1. *TAC Committee should have a minimum of 3 members. Co-Supervisor is optional.*
2. *Minimum 2 members must be from WKWSCI.*
3. *Preferably, there is a minimum of 1 member from outside of the school or from an external organisation*

	Title (eg. Assoc Prof) & Name				
Supervisor: (Compulsory for Both MA and PhD students) (Must be from within School)	(Dr/Asst Prof/Assoc Prof)*	School:		Signature:	
Co-Supervisor: *(If applicable)*	(Dr/Asst Prof/Assoc Prof)*	School:		Signature:	
Committee Member 1: *(Compulsory for Ph.D. Students)*	(Dr/Asst Prof/Assoc Prof)*	School:		Signature:	
Committee Member 2: *(Compulsory for Ph.D. Students)*	(Dr/Asst Prof/Assoc Prof)*	School:		Signature:	

*delete whichever is not applicable

P.T.O.

Other students supervised by proposed Supervisor(s) - state what degrees these candidates are pursuing:

Name	Degree	FT/PT	Expected Date of Completion	Name	Degree	FT/PT	Expected Date of Completion

SECTION D: RECOMMENDATION BY HEAD OF PROGRAMME

I confirm that the proposed supervisor(s) and candidate agree to work together on the abovenamed proposed research topic.

_____ Date _____

Name & Signature of Programme Director

For School's Action

RECOMMENDATION BY ASSISTANT CHAIR (GRADUATE AND CONTINUING EDUCATION)

Recommended / Not Recommended

Remarks:

_____ _____

Name & Signature of Assistant Chair (Graduate and Continuing Education) Date

* delete whichever is not applicable