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 Graduate Studies Office within 6 months from the beginning of the semester.

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. Please note that the Research Topic will be published in our annual Report on Graduate Studies):*

SECTION C: PROPOSED SUPERVISOR / THESIS ADVISORY COMMITTEE

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

(Under normal circumstances, there should be only one supervisor for a candidate. If there is a co-supervisor, reasons must be provided)

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 organization*

	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: *(Optional)*	(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:	

Reasons for including a Co-supervisor – *to state the expertise of each supervisor clearly and to indicate how their expertise complements each other's :*

*delete whichever is not applicable

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

Provide Programme Director's email agreement with the following statement:
"I confirm that the proposed supervisor(s) and candidate agree to work together on the above named proposed research topic."

Name & Signature of Programme Director

Date

For School's Action

RECOMMENDATION BY ASSOCIATE CHAIR (ACADEMIC)

Recommended / Not Recommended

Remarks:

Name & Signature of Associate Chair (Academic)

Date

Graduate Office to obtain approval via email from the Associate Chair.

* delete whichever is not applicable