

NANYANG TECHNOLOGICAL UNIVERSITY			
PROPOSED RESEARCH TOPIC AND SUPERVISOR / THESIS ADVISORY COMMITTEE FOR MA / PH.D. RESEARCH STUDENTS			
<i>This form is to be completed by the student (together with research proposal write-up) and should be submitted to the WKWSC Graduate Studies Office <u>within 6 months</u> from the beginning of the semester.</i>			
SECTION A: STUDENT INFORMATION			
Name of Candidate:		Matriculation No:	
	(Mr/Mrs/Miss/Mdm)		
Degree Candidature:	Research Student (Ph.D.)/ (MA)*		
Commencement Date:		School:	
SECTION B: PROPOSED RESEARCH TOPIC			
Please write in block letters. (A short write-up <u>must be attached</u> ; 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. <i>(Under normal circumstances, there should be only one supervisor for a candidate. If there is a co-supervisor, reasons must be provided)</i>			
<ol style="list-style-type: none"> 1. TAC Committee should have a minimum of 3 members. Co-Supervisor is optional. 2. Minimum 2 members must be from WKWSC. 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: <i>(Compulsory for Both MA and PhD students) (Must be from within School)</i>	(Dr/Asst Prof/Assoc Prof)*	School:	Signature:
Co-Supervisor: <i>(Optional)</i>	(Dr/Asst Prof/Assoc Prof)*	School:	Signature:
Committee Member 1: <i>(Compulsory for Ph.D. Students)</i>	(Dr/Asst Prof/Assoc Prof)*	School:	Signature:
Committee Member 2: <i>(Compulsory for Ph.D. Students)</i>	(Dr/Asst Prof/Assoc Prof)*	School:	Signature:
Reasons for including a Co-supervisor – <i>to state the expertise of each supervisor clearly and to indicate how their expertise complements each other's :</i>			

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