

TERMINATION OF RESEARCH SCHOLARSHIP/CANDIDATURE

To: Chair, Wee Kim Wee School of Communication and Information

Name of Student : FIN No :

School : Student Matriculation No :

Degree Registered : Matriculation Date :

Period of the research scholarship contract (expired, or current) : #

Please tick the appropriate brackets below and attach the student's termination letter with the latest contact address.

The abovenamed student has requested for :

- () termination of candidature
- () termination of research scholarship and candidature
- () termination of research scholarship and conversion of candidature to part-time basis.
- [] The abovenamed MA/Ph.D student has **still to complete** ____ courses
- [] The abovenamed MA/Ph.D student has completed the 3 (MA) / 6 (PhD) courses
- [] The abovenamed student has not submitted his/her thesis.
- [] The abovenamed student has submitted his/her thesis in a form ready for examination.

Other Remarks if any :

.....

.....

.....
Signature of Supervisor / Date

TO BE COMPLETED BY PROGRAMME DIRECTOR

Recommendations :

- () I recommend termination of research scholarship. The last day of award is _____
(if date is beyond the scholarship contract period marked # above, please give justifications :
.....
.....)
- I recommend - [] termination of higher degree candidature as well, the last day is _____
or
[] conversion of candidature to part-time basis.
- I recommend - [] waiver of payment of one month's stipend in lieu of notice of termination.
[] waiver of refund of stipend received/granted.

My reasons for recommending the waiver are :

.....

.....

Other Remarks if any :

.....
Signature of Programme Director / Date

TO BE COMPLETED BY ASSOCIATE CHAIR (ACADEMIC)

Recommendations :

- [] I **Recommend/ Do Not Recommend** the Termination of Candidature.
- [] I **Recommend/ Do Not Recommend** conversion of candidature to part-time basis
- [] I **Recommend/ Do Not Recommend** waiver of payment of one month's stipend in lieu of notice of termination.

Other Remarks if any :

.....

.....

.....

.....
Signature of Associate Chair (Academic) / Date