UNIVERSITI TEKNOLOGI MARA

**REQUEST FOR
CHANGE OF SUPERVISOR**

SECTION 1 (to be filled up by student)

Student Name : …………………………………….

Student ID No. : …………………………………….

Programme Code : …………………………………….

Phone No. : …………………………………….

Thesis Title : …………………………………………………………………………

…………………………………………………………………………

E-mail Address : …………………………………….

Reason(s) : …………………………………………………………………………

…………………………………………………………………………

I hereby confirm that the above declaration is true.

………………………….
Student's signature

SECTION II (to be filled by current supervisor)	SECTION II (to be filled by proposed supervisor)
Name of current supervisor:	Name of proposed supervisor:
……………………………………………..	…………………………………………….
I hereby agree to release the above named student under my supervision, with effect from …………	I hereby agree to accept and supervise the above named student, with effect from ……………
………………………….. Signature	………………………….. Signature

For Office Use Only	Remarks:
………………………….. Approved by, Head of Graduate Studies (Faculty)	