

 **CONFIDENTIAL**

KULLIYYAH OF MEDICINE

NOTIFICATION OF INTENTION TO PRESENT RESEARCH PROPOSAL

**SEMESTER ……………….. SESSION ………….**

|  |
| --- |
| INSTRUCTIONS**To Student**1. Please complete Section A.
2. A student intending to present his/her research proposal should notify the **Postgraduate (PG) Coordinator** **ONE (1) month** before the proposed date (before week 11).
3. Submit this form to the PG Coordinator of the department upon completion of section B by your supervisor.

**To Supervisor** 1. Please complete Section B and nominate **TWO (2)** assessors for your supervisee research proposal presentation.
2. Kindly discuss with the PG coordinator of a suitable date.
3. Please confirm with the respective assessors of their availability on the proposed date.
 |

# SECTION A: TO BE COMPLETED BY THE STUDENT

|  |  |
| --- | --- |
| 1. Name: | 2. Matric No : |
| 3. Programme: | 4. Telephone No : |
| 1. Thesis Title:
 |
| I would like to notify of my intention to present my research proposal for assessment on ………………………….. (day/month/year)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature Date |

# SECTION B: TO BE COMPLETED BY THE SUPERVISOR(S)

|  |
| --- |
| Name of Main Supervisor: |
|

|  |  |  |
| --- | --- | --- |
|  | **Name of assessors** | **Department & Kulliyyah** |
| **1** |  |  |
| **2** |  |  |

Comment (s): ……………………………………………………………………………………………….…….. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature and Official Stamp Date |

- 2 -

|  |  |
| --- | --- |
| SECTION C:  | **CONFIRMATION BY THE POSTGRADUATE COORDINATOR & HEAD OF DEPARTMENT ON THE INTENTION TO PRESENT THE RESEARCH PROPOSAL** |
|  |  |
| **To be completed by the Department PG coordinator**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature and Official Stamp Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **To be completed by the Head of Department**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature and Official Stamp Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**OFFICE USE [OFFICE OF DEPUTY DEAN (POSTGRADUATE)]**

|  |  |
| --- | --- |
| **Date Received** | **Action / Remarks** |
|  |  |