



Othman Yeop Abdullah  
Graduate School of Business  
Universiti Utara Malaysia

## APPLICATION FOR CHANGING SUPERVISOR

FOR UUM COLLEGE OF BUSINESS PROGRAMMES

Trimester: First Trimester/Second Trimester/Third Trimester

Session: 20\_\_\_\_ / 20\_\_\_\_

### INSTRUCTIONS:

#### SECTION A

To be completed by the applicant

#### SECTION B

To be completed by releasing current supervisor(s)

#### SECTION C

To be completed by new supervisor for the accepting purpose

#### SECTION D

To be completed by school supervision committee

#### SECTION E

To be completed by Dean of School for approval

#### SECTION F

To be completed by the Dean of Othman Yeop Abdullah Graduate School of Business for approval

### SECTION A: TO BE COMPLETED BY APPLICANT

Name:

Matric No:

Telephone No.-

Mailing Address:

Home:

Office:

Mobile No.:

Centre:

Email:

Programme:

Mode of Study:

Full-Time

Part-Time

Current Structure Study:

Coursework

Coursework and Thesis/Dissertation

Research

Title of Thesis/Research Paper/Project Paper:

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Reasons for Change of Supervisor:  
(Please use additional paper if necessary)

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.....  
.....

Applicant's Signature:

Date:

**SECTION B: TO BE COMPLETED BY RELEASING CURRENT SUPERVISOR (IF APPLICABLE)**

Comment:

(     ) Agree     (     ) Disagree

Comment: .....  
.....  
.....  
.....

Signature and Stamp:

Name:

Date:

**TO BE COMPLETED BY THE RELEASING CO-SUPERVISOR (IF APPLICABLE)**

Comment:

(     ) Agree     (     ) Disagree

Comment: .....  
.....  
.....  
.....

Signature and Stamp:

Name:

Date:

**SECTION C: TO BE COMPLETED BY THE ACCEPTING SUPERVISOR**

Comment:

(     ) Agree     (     ) Disagree

Comment: .....  
.....  
.....  
.....  
.....

Signature and Stamp:

Name:

Date:

**SECTION D: TO BE COMPLETED BY SCHOOL SUPERVISION COMMITTEE**

Accepting supervisor current doctoral supervision quota: \_\_\_

**NOTE: Maximum number of supervisions for doctoral students is 6 for COB (refer to formula given by AACSB Unit)**

Signature and Stamp:

Name:

Date:

**SECTION E: TO BE COMPLETED BY DEAN OF SCHOOL FOR APPROVAL**

Comment:

(     ) Approved     (     ) Not Approved

Comment: .....  
.....  
.....  
.....

Signature and Stamp:

Name:

Date:

**SECTION F: TO BE COMPLETED BY THE DEAN OF OTHMAN YEOP ABDULLAH GRADUATE SCHOOL OF BUSINESS FOR APPROVAL**

Comment:

(     ) Approved     (     ) Not Approved

Comment: .....  
.....  
.....  
.....

Signature and Stamp:

Name:

Date:

**FOR OFFICE USE ONLY**

Signature and Stamp:

Date: