



UNIVERSITI TUNKU ABDUL RAHMAN

SUBMISSION OF RESEARCH ABSTRACT/SUMMARY FOR PROPOSAL DEFENCE

To : The Dean, Faculty of _____

Name of Candidate		Faculty	
Student ID No.		Programme	
I.C. No./Passport No.		Structure	
Intake		Current Trimester	
Telephone No.		Email Address	
Research Title			
Name of Supervisor		Name of Co-Supervisor	
Signature of Supervisor		Signature of Co-Supervisor	

Submission by Candidate

I hereby submit 5 copies of Research Abstract/Summary titled:

I understand that I will be called for Defence of my Research Proposal within 3 – 4 weeks of the submission.

Thank you.

 (Signature of Candidate) Date: _____

Received by FGO/HoP (Postgraduate Programmes)

5 copies of Research Abstract/Summary Date Received : _____

Received by : _____ (Signature) _____ (Name)

c.c.: Director, Institute of Postgraduate Studies and Research