

This form is to be completed by the Chairman of the Panel of Proposal Defence appointed by the Faculty/Institute (F/I).

### Part A: Student's Details

|                          |  |                                     |  |  |
|--------------------------|--|-------------------------------------|--|--|
| Full Name                |  |                                     |  |  |
| Faculty/Institute        |  |                                     |  |  |
| Programme                | <input type="checkbox"/> <b>Master</b> | <input type="checkbox"/> <b>PhD</b> | Intake   |  |
| Title of Research        |  |                                     |  |  |
| Main Supervisor          |  | Attended                            | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| Date of Proposal Defence |  |                                     |  |  |

### Part B: Report

*(Chairman needs to discuss with the other two members of the Panel and agree with the content of this report)*

|  |
|--|
| <p>1. Did the student clearly explain the research question and objectives?</p> <p>Yes / No</p> <p>Comments:</p>         |
| <p>2. Did the student correctly relate literature with the context of his/her work?</p> <p>Yes / No</p> <p>Comments:</p> |
| <p>3. Did the student explain the methodology well?</p> <p>Yes / No</p> <p>Comments:</p>                                 |

4. Is the research sound and feasible?

Yes / No




Comments:

5. Did the student understand the subject matter?

Yes / No







Comments:

We, the Panel of Proposal Defence for the student named in Part A, hereby confirmed that the proposal defence was done and the above is the agreed report. We do \*recommend/not recommend that the student continue his/her graduate studies in this faculty.

|                        |                          |   |      |  |     |       |      |  |  |  |
|------------------------|--------------------------|---|------|--|-----|-------|------|--|--|--|
| <b>Chairman :</b>      | <input type="checkbox"/> | <b>Signature</b><br>   | Date | <table border="1"><tr><td>Day</td><td>Month</td><td>Year</td></tr><tr><td></td><td></td><td></td></tr></table> | Day | Month | Year |  |  |  |
| Day                    | Month                    | Year  |      |  |     |       |      |  |  |  |
|                        |                          |   |      |  |     |       |      |  |  |  |
| <b>Panel Member 1:</b> | <input type="checkbox"/> | <b>Signature</b><br>  | Date | <table border="1"><tr><td>Day</td><td>Month</td><td>Year</td></tr><tr><td></td><td></td><td></td></tr></table> | Day | Month | Year |  |  |  |
| Day                    | Month                    | Year  |      |  |     |       |      |  |  |  |
|                        |                          |   |      |  |     |       |      |  |  |  |
| <b>Panel Member 2:</b> | <input type="checkbox"/> | <b>Signature</b><br> | Date | <table border="1"><tr><td>Day</td><td>Month</td><td>Year</td></tr><tr><td></td><td></td><td></td></tr></table> | Day | Month | Year |  |  |  |
| Day                    | Month                    | Year  |      |  |     |       |      |  |  |  |
|                        |                          |   |      |  |     |       |      |  |  |  |

Note to Chairman: Upon completion of this form, please submit to the F/I Dean's Office

### Part C: For Office Purpose Only

|                                  |  |  |   |            |     |       |      |
|----------------------------------|--|--|---|------------|-----|-------|------|
| <b>F/I Dean/Director Office</b>  |  |  |   |            |     |       |      |
| <b>Date received:</b>            |  | Copy to Student File      | Done by:  | Signature: |     |       |      |
| Date                             | <table border="1"><tr><td>Day</td><td>Month</td><td>Year</td></tr><tr><td></td><td></td><td></td></tr></table> |  |   |            | Day | Month | Year |
| Day                              | Month  | Year   |   |            |     |       |      |
|                                  |  |  |   |            |     |       |      |
|                                  |  | Copy to Supervisor        |  |            |     |       |      |
| <b>UGS Administrative Office</b> |  |  |   |            |     |       |      |
| <b>Date received:</b>            |  | Update SMP                | Done by:  | Signature: |     |       |      |
| Date                             | <table border="1"><tr><td>Day</td><td>Month</td><td>Year</td></tr><tr><td></td><td></td><td></td></tr></table> |  |   |            | Day | Month | Year |
| Day                              | Month  | Year   |   |            |     |       |      |
|                                  |  |  |   |            |     |       |      |
|                                  |  | Original to Student File  |  |            |     |       |      |