This form has to be completed by students applying to take level 5000/6000 ISMs after detailed discussion with their proposed supervisors.

**For Student**
Name of Student: ____________________________
Matric No: ____________________________ Preferred Email Address: ____________________________
Contact No.: ____________________________

**For Supervisor**
Name of Supervisor: ____________________________
Department: ____________________________
Signature & Date: ____________________________

**For Department Graduate Coordinator (Research)**
Name of Department Graduate Coordinator: Dr* / A/P* / Prof* ____________________________
Department: ____________________________
Signature & Date: ____________________________

Title of ISM: ____________________________

Brief description of ISM:
Readings:

1.
2.
3.
4.
5.
6.
7.
8.

Assignment and continuous assessment schedule:

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<tr>
<th>No.</th>
<th>Type of Assignment, Topic and Number of Words (if applicable)</th>
<th>Date or Week of submission</th>
<th>CA percentage</th>
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