

## CENTRE FOR GRADUATE STUDIES UNIVERSITI TUN HUSSEIN ONN MALAYSIA

Tel:07-4537906/7905 Fax:07-4536111

	Date :
Dean Centre for Graduate Studies Universiti Tun Hussein Onn Malaysia 86400 Parit Raja, Batu Pahat Johor Darul Ta'zim	
Dear Professor/Sir/Madam,	
APPOINTMENT AS SUPERVISOR / CO-SUPERVISOR	
Student's Name:	
I,	
Identity Card No./Passport No	
the named student subjected	tment as Supervisor/Co-supervisor for to the conditions in offerdated on
** HAVE/HAVE NOT* attended the Postgraduate Supervision Seminar for Research Students on	
** <b>DECLARE</b> that I have no family ties including marriage with this student. If change of status occurs from that of 'unrelated' to 'related' with this student, I will inform the faculty to immediately nullify my appointment as a supervisor and recommend to appoint other graduate staff.	
Note (s) (if any):	
Thank you very much.	
Yours sincerely,	
Name:	Address:
Tel :	
H/p :	
E-mail:	
* Please cross wherever inappropriate	
** Mark in the relevant boxes	

**Note:** Please return this form to the Centre for Graduate Studies as soon as possible. If we did not receive this form within a month, we consider that you decline this appointment.