



**CENTRE FOR GRADUATE STUDIES (CGS)**

**PROJECT/DISSERTATION TITLE REGISTRATION FORM  
(MIXMODE PROGRAMME)**

**A. Student's Information**

Semester :	Academic Session :
Student Name :	
Student ID :	
Programme :	Contact Number :

**B. Project/Dissertation Information**

Project Title :	
Supervisor Name :	
Co-supervisor Name (if applicable) :	

**C. Student's Declaration**

<ol style="list-style-type: none"> <li>1. I hereby agree to abide by the rules and regulations to prevent any possible incident/accident that might happen in laboratories and workplaces due to my own negligence.</li> <li>2. I commit to safety at work attitude and shall inform laboratory officers of any hazards, damages and near misses encountered during my work in the laboratories.</li> <li>3. I understand the rules and regulations of the Project/Dissertation, including claim policies and my responsibilities as a postgraduate student.</li> <li>4. I hereby agree to abide by all the rules and regulations set by UniMAP, including all written/verbal instructions from the Postgraduate Chairperson and endeavour to maintain and promote the good name of UniMAP.</li> <li>5. I commit to the requirements of the Project/Dissertation and complete the project in accordance with those requirements</li> <li>6. I adhere to the date of commencement, date of completion and submission deadlines set by CGS, UniMAP.</li> </ol>
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**D. Student's Name, Signature & Date**

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**E. Supervisor's Verification**

<b>I hereby confirm that I agree to function as the supervisor for the student, as mentioned above.</b>	
Supervisor's Name, Signature & Date	
Co-supervisor's Name, Signature & Date (if applicable)	

**F. Faculty's Verification**

	<b>Program Chairperson</b>	<b>Dean/Director</b>
Signature		
Official stamp		
Name:		
Date:		