**RESEARCH TITLE**

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| NAME OF STUDENT | : |  |
| PROGRAM | : |  |
| HANDPHONE NO. | : |  |
| SEM/SESSION | : |  |
| DATE OF EVALUATION | : |  |
| TIME OF EVALUATION | : |  |
| VENUE | : |  |
| NAME OF SUPERVISOR(S) | : | 1)  2) |
| NAME OF PANEL(S) | : | 1)  2)  3) |

**SUPERVISOR’S DECLARATION**

I have checked and satisfied with the quality of the Research Proposal Report, approved for evaluation.

Signature by Supervisor : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Note: The student should submit 1 copy of this form, along with the Research Proposal Report, to the Postgraduate Office.***