CONFIDENTIAL

APPOINTMENT OF INTERNAL EXAMINERS
FOR WXGA6182 / WXGB6181 / WXGC6183 (RESEARCH PROJECT)

A. CANDIDATE'S DETAIL

Name of Supervisor : _____

Department : _____

Name of Candidate : _____

Registration No. : _____

Field of Research : _____

Title of Research Project : _____

B. INTERNAL EXAMINERS (2)

1. Name : _____

Department : _____

E-mail : _____

2. Name : _____

Department : _____

E-mail : _____

C. SUPERVISOR

Other comments (if any) :	Signature: Stamp: Date

D. OFFICIAL USE

Head of Department, FCSIT	**Deputy Dean (Postgraduate), FCSIT**
☐ Agree ☐ Disagree	☐ Agree ☐ Disagree
Other comments (if any) :	Other comments (if any) :
Signature: Date: Stamp:	Signature: Date: Stamp: