

**LAPORAN PENERUSI JAWATANKUASA PENILAI
PERMOHONAN PERTUKARAN PROGRAM M.SC KE PH.D
REPORT BY ASSESSMENT COMMITTEE CHAIRMAN
PROGRAMME CONVERSION FROM M.SC TO PH.D**

Nota: Borang ini hendaklah diisi dengan HURUF BESAR dan dihantar ke Fakulti/Institut/Pusat

Note: This form is to be completed in CAPITAL LETTERS and submitted to the Faculty/Institute/Centre

**BAHAGIAN A MAKLUMAT AM
PART A GENERAL INFORMATION**

1. Nama Penuh:
Full Name: _____
2. No. Matrik:
Matric No: _____
3. Struktur Program:
Program Structure: _____
4. Semester:
Semester: _____
5. Mod Pengajian: Sepenuh Masa Separuh Masa
Mode of Study: Full Time Part Time
6. Bidang Pengajian :
Field of Study : _____
7. Tajuk Penyelidikan Sarjana:
Title of Master Research : _____

8. Cadangan Tajuk Penyelidikan
Ph.D :
*Title of Ph.D. Research
Proposal :* _____

9. Tarikh Penilaian:
Assessment Date: _____

Diisi oleh Pengerusi Penilai berdasarkan keputusan bersama panel penilai.
To be completed by the Chairman based on the consensus with panel of the assessor.

**I. KUALITI KERJA PENYELIDIKAN SEDIA ADA SECARA KESELURUHAN
OVERALL QUALITY OF THE EXISTING RESEARCH WORK**

Sila nyatakan kualiti kerja penyelidikan sedia ada secara keseluruhan. Tandakan (√) yang berkenaan.
Please indicate the overall quality of the existing research work. Please mark (√) the appropriate descriptor.

1	2	3
Bawah Jangkaan <i>Below Expectations</i>	Memenuhi Jangkaan <i>Meet Expectations</i>	Melebihi Jangkaan <i>Exceed Expectations</i>

Komen:
Comments:

**II. SKOP TAMBAHAN PENYELIDIKAN Ph.D YANG DICADANGKAN SECARA KESELURUHAN
OVERALL PROPOSED ADDITIONAL Ph.D RESEARCH SCOPE**

Sila nyatakan kebolehterimaan skop tambahan penyelidikan Ph.D yang dicadangkan. Tandakan (√) yang berkenaan.
Please indicate the acceptability of the proposed additional Ph.D research scope. Please mark (√) the appropriate descriptor.

1	2
Tidak boleh diterima <i>Unacceptable</i>	Boleh diterima <i>Acceptable</i>

Komen:
Comments:

Cadangan permohonan pertukaran program pelajar adalah:

Application for conversion of student's programme is:

Disokong
Recommended

Tidak Disokong
Not Recommended

Tandatangan Penilai I
Signature of Assessor I

Tandatangan Penilai II
Signature of Assessor II

Tandatangan Pengerusi
Jawatankuasa Penilai
*Signature of Chairman of the
Assessment Committee*

Nama Penilai I:
Name of Assessor I

Nama Penilai II:
Name of Assessor II

Nama Pengerusi Jawatankuasa
Penilai:
*Signature of Chairman of the
Assessment Committee*

Tarikh: _____
Date

Tarikh: _____
Date

Tarikh: _____
Date