PLAN OF STUDIES (FOR PHD SCHOLARSHIP HOLDER)

TPM	Biasiswa Staf Akademik				
PSPM	Biasiswa Staf P & P				
CBTG	CBBPTB/CBBPTAL				
Please ($\sqrt{\ }$) relevant column					

Name :			Commencing Date :		
Staff No. / Identification No. :		No. :	Faculty :		
Area o	f Specialization :				
Title of	Thesis/Proposal	:			
Place o	of Study	:			
Approv	ved Field of Study	:			
Approved Period of Study : From			to		
Supervisor:			Supervisor's Email Address :		
Note: Alam wit			eer Advancement Division, Human Resources of the failing which scholarship/salary may be sus		
	Duration		Planning		
	From	То	Activity	Locality	
ľ					
Year I					
Year II					
Year III					
Endorsed by:					
	Date	Students' Signatur	re Date	Supervisor's Signature/ Official Stamp	