## PLAN OF STUDIES (PHD)

Pegawai Perubatan
Pegawai Pergigian
Sila tanda (√) pada ruangan berkaitan

		(, , ,			
Catego	ory of Study Leave	:			
Name :	:		Commencing Date :		
Staff N	lo. / Identification N	No. :	Faculty :		
Area o	f Specialization :				
Title of	f Thesis/Proposal	:			
Place o	of Study	<b>:</b>			
Approv	ved Field of Study	:			
Approved Period of Study: From to					
Supervisor: Supervisor's Email Address :					
Note:			er Advancement Division, Human Resources		
Alam wi	thin three (3) months	after study commenced	d, failing which scholarship/salary may be sus	pended/ witheld.	
	Duration		Planning		
	From	То	Activity	Locality	
1					
Year I					
Year II					
Year III					
rour iii					
Endors	sed by:				
	Date	Students' Signatur	re Date	Supervisor's Signature/ Official Stamp	