**MS\MPhil Supervisory Agreement Form**

Appendix A1

PART A: CANDIDATE DETAILS

|  |  |
| --- | --- |
| **School:** |  |
| **Department:** |  |
| **MS Program Title:** |  |
| **Candidate Name:** |  |
| **ID Number:** |  |
| **Contact Number:** |  |
| **Email ID (other than UMT)** |  |
| **Address:** |  |
| **Thesis Registration:** | Fall  Spring  Year: |
| **Nature of the Thesis:** | Applied  Theoretical  |

Tentative Thesis Title:

As the supervisee:

|  |  |
| --- | --- |
| 1. I am responsible for submitting my proposal for defense within eight (8) weeks after the appointment of my supervisor(s). |  |
| 1. I accept that the principal responsibility for the research and its progress lies with me. |  |
| 1. I am responsible for maintaining regular contact with my supervisor through supervision meetings as agreed by my supervisor. |  |
| 1. I am responsible for notifying my supervisor if I have to be absent from the university for an extended time and making suitable contact arrangements during my absence. |  |
| 1. I am responsible for discussing the research publication with my supervisor(s) and agreeing on the publication’s timing and authorship. |  |

Candidate Signature Date

PART B: SUPERVISOR DETAILS

|  |  |
| --- | --- |
| **Supervisor Name:** |  |
| **Co-Supervisor Name:**  *(Leave blank if not applicable)* |  |

As the supervisor (S) or co-supervisor (CS):

|  |  |  |
| --- | --- | --- |
|  | **S** | **CS** |
| 1. I agree to supervise the research work of the above-named candidate. |  |  |
| 2. I confirm that I am appropriately qualified and experienced to supervise the  research work of the candidate. |  |  |
| 3. I agree to supervise the candidate for the duration of his/her candidacy, which may include a period of extension to the candidate’s submission deadline and  may also include supervision during a period of resubmission. |  |  |
| 4. I agree to maintain a comprehensive file of relevant documents and correspondence relating to my candidate’s supervision. |  |  |
| 5. I agree to discuss the research publication with the candidate and agree on the timing and authorship of the publication. |  |  |

Supervisor signature: Date:

Co-supervisor signature: Date:

PART C: APPROVAL FROM THE CHAIRPERSON OF THE DEPARTMENT

Name: Date:

Signature: Official Stamp:

**Note: Please submit a copy of this form to the Office of Dean Research**