**School of Professional and Advancement**

**University *of* Management *and* Technology**

**APPLICATION FOR THE APPOINTMENT OF SUPERVISOR**

# PART A: CANDIDATE DETAILS

|  |  |
| --- | --- |
| **MS/MPS Program Title:**  |   |
| **Name:**  |   |
| **ID Number:**  |   |
| **Thesis Registration:**  | Fall  Spring  Summer  Year: \_\_\_\_\_\_\_\_ |

**Tentative Title/ Area:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **As the supervisee:**

|  |  |
| --- | --- |
| 1. I am responsible to submit my proposal for defense within 10 weeks after the appointment of my supervisor(s).  |   |
| 2. I accept that principal responsibility to complete research and its progress lies with me and maintain a work progress diary.  |   |
| 3. I am responsible to maintain regular contact with my supervisor through supervision meetings by setting prior appointment with my supervisor.  |   |
| 4. I am responsible to notify my supervisor if I have to be absent from the University for an extended time and to make suitable arrangements for contact during my absence.  |   |
| 5. I am responsible to discuss publication of the research with my supervisor(s) and to come to some agreement about the timing and the authorship of the publication (if applicable).  |   |

 **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Candidate Signature** **Official Stamp:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**WILLINGNESS OF SUPERVISOR**

***For Supervisor***

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ do hereby agree to Supervise her/his during the course of her/his research work, email ID \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and Contact Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

It is certified that I am presently supervising/co-supervising MS#\_\_\_\_\_\_\_ MPS#\_\_\_\_\_\_ PHD# \_\_\_\_\_\_\_\_\_ students & Group Project of 16 Years Master Program#\_\_\_\_\_\_\_\_\_.

***For Co-Supervisor (if applicable)***

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ do hereby agree to Co-Supervise her/his during the course of her/his research work, email ID \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and Contact Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

It is certified that I am presently supervising/co-supervising MS#\_\_\_\_\_\_\_ MPS#\_\_\_\_\_\_ PHD# \_\_\_\_\_\_\_\_\_ students & Group Project of 16 Years Master Program#\_\_\_\_\_\_\_\_\_.

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. 1. I agree to the 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 andcorrespondence relating to my supervision of the candidate.5. I agree to discuss publication of the search with the candidate and to come to  |  |  |
| some agreement with him/her about the timing and the authorship of the publication (if applicable). |  |  |

For Office Use Only (Students details)

No# of Courses Completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Semester (Thesis/Project): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Registration Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PART C: APPROVAL FROM PROGRAM HEAD OF MS/MPS PROGRAM

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Official Stamp: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PART D: APPROVAL FROM Project/ Thesis Advisor

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Official Stamp: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PART E : APPROVAL FROM DIRECTOR SPA

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Official Stamp: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Annexure: Roles of the supervisor(s)**

* Allow student to select and propose area and problem of their interest
* Ensure research problem provided by student is a gap in either literature or industry.
* Help student resolve technical problems and suggest alternatives.
* Provide suggestions and critique on research techniques.
* Guide suggesting timetable for writing up, giving feedback on progress, suggest critical path for data collection.
* Critic on design of research and draft of