

## UNIVERSITI TUNKU ABDUL RAHMAN

## SUBMISSION OF RESEARCH ABSTRACT/SUMMARY FOR PROPOSAL DEFENCE

To : The Dean, Faculty of \_\_\_\_\_

Name of Candidate	Faculty
Student ID No.	Programme
I.C. No./Passport No.	Structure
Intake	Current Trimester
Telephone No.	Email Address
Research Title	
Supervisor	Co-Supervisor

## Submission by Candidate

I hereby submit 5 copies of Research Abstract/Summary titled:

I understand that I will be called for	Defence of my Research Proposal within 3 –	4 weeks of the
submission.		

Thank you.

(Signature of Candidate)	Date:
<b>Received by FGO/HoP (Postgraduate Progra</b>	<u>mmes)</u>
5 copies of Research Abstract/Summary	y Date Received :
Received by :	_(Signature)
	(Name)
c.c.: Director, Institute of Postgraduate Studies and R	esearch