

This form is to be completed by the Chairman of the Panel of Proposal Defense appointed by the Faculty/Institute/Centre(FIC).

Part A: Student's Details

Full Name				
Faculty/Institute/Centre	Faculty of Engineering			
Programme	<input type="checkbox"/> Master	<input type="checkbox"/> PhD	Intake	
Title of Research				
Main Supervisor			Attended	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date of Proposal Defense				

Part B: Report

(Chairman needs to discuss with the other two members of the Panel and agree with the content of this report)

<p>1. Did the student clearly explain the research question and objectives?</p> <p>Yes / No</p> <p>Comments:</p>
<p>2. Did the student correctly relate literature with the context of his/her work?</p> <p>Yes / No</p> <p>Comments:</p>
<p>3. Did the student explain the methodology well?</p> <p>Yes / No</p> <p>Comments:</p>

4. Is the research sound and feasible?

Yes / No

Comments:

5. Did the student understand the subject matter?

Yes / No

Comments:

We, the Panel of Proposal Defense for the student named in Part A, hereby confirmed that the proposal defense was done and the above is the agreed report. We do ~~*recommend/not recommend~~ that the student continue his/her graduate studies in this faculty.

Chairman:	➔	Signature	Date	Day	Month	Year
			<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Panel Member 1:	➔	Signature	Date	Day	Month	Year
		(signed on rubric)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Panel Member 2:	➔	Signature	Date	Day	Month	Year
		(signed on rubric)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Note to Chairman: Upon completion of this form, please submit to the FIC Deputy Dean Office

Part C: For Office Purpose Only

FIC Deputy Dean Office		
Date received: Date <input type="text"/> <input type="text"/> <input type="text"/> Day Month Year	Copy to Student File <input type="checkbox"/> Copy to Supervisor <input type="checkbox"/>	Done by: Signature:
UGS Administrative Office		
Date received: Date <input type="text"/> <input type="text"/> <input type="text"/> Day Month Year	Update SMP <input type="checkbox"/> Original to Student File <input type="checkbox"/>	Done by: Signature: