

Cross-Faculty Module Registration Form

*Note: a) To be used by FoD research students for Cross-Faculty modules.
b) All information must be filled in. Otherwise, the form will not be processed.

SECTION A : TO BE COMPLETED BY RESEARCH STUDENT			
Name of Student:			
Discipline:		Matriculation No.:	
Email address		Contact No.:	
Degree : <input type="checkbox"/> Ph.D. <input type="checkbox"/> MSc			
(1) MODULE (S) TO BE TAKEN			
No	Module Code	Module Title	Faculty/Department
1			
2			
3			
Reason for Application			
Date		Signature of Student	
SECTION B TO BE COMPLETED BY SUPERVISOR AND DISCIPLINE DIRECTOR			
TO BE COMPLETED BY THE SUPERVISOR		COMMENTS BY DISCIPLINE DIRECTOR	
<input type="checkbox"/> Approve <input type="checkbox"/> Disapprove			
Signature:	Date:	Signature:	Date:
Supervisor's name:		Discipline Director's name:	
SECTION C: TO BE COMPLETED BY VICE-DEAN OF RESEARCH			
<input type="checkbox"/> Approve		<input type="checkbox"/> Disapprove	
Name :		Signature/Date:	
SECTION D: TO BE COMPLETED BY THE CROSS-FACULTY GRADUATE DIVISION			
<input type="checkbox"/> Approve		<input type="checkbox"/> Disapprove	
Name of Authorised Personnel:		Signature/Date:	
SECTION E: TO BE COMPLETED BY FOD, Dean's Office			
Date of Receipt of Application:		Signature/Date:	
Remarks:			

Note: This form has to be returned to the Dean's Office Faculty of Dentistry, Research Division, after it has been endorsed by the Cross-Faculty Graduate Division.