

NATIONAL UNIVERSITY of SINGAPORE
Faculty of Dentistry

**Application for Conversion of Candidature
from Full-Time to Part-Time**

Estimated time for completion of this form: 5 minutes

| | |
|--|-----------------------|
| SECTION A : TO BE COMPLETED BY GRADUATE STUDENT. | |
| Name (Dr / Mr / Miss / Mrs / Mdm*) : | |
| Degree : | Department : |
| Date Admitted : | Maximum Candidature : |
| Research Scholarship Commencement Date : | |
| Has Research Scholarship support ended? <input type="checkbox"/> No <input type="checkbox"/> Yes, Last day of award : _____ | |
| Proposed Date of Conversion : _____ (DD/MM/YY) | |
| If approved, I will be able to submit my final thesis within 3 months after conversion. <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Reasons for Conversion : | |
| <input type="checkbox"/> Submitted first draft of thesis to supervisor. Will be able to submit final thesis within three months. | |
| <input type="checkbox"/> Other Reasons : _____ | |
| Completed Coursework Requirement? | |
| <input type="checkbox"/> Yes <input type="checkbox"/> Exempted <input type="checkbox"/> Not Applicable <input type="checkbox"/> No | |
| English Language Requirement? | |
| <input type="checkbox"/> Exempted <input type="checkbox"/> Not Applicable <input type="checkbox"/> No | |
| <input type="checkbox"/> Yes, I have fulfilled the English Language requirement of intermediate / advanced* level of proficiency In the Postgraduate English Course. | |
| Signature of student : _____ Date : _____ | |

SECTION B : TO BE COMPLETED BY SUPERVISOR(S)

The candidate has fulfilled the following :

Registered as a student for more than 1½ years / 3 years* for MSc / PhD*

Submitted a satisfactory draft thesis and I / we* am / are* satisfied that the student should reasonably be able to submit the final thesis within 3 months.

Other reasons (if none of the above), kindly specify :

The application is recommended as follows :

Recommended

Not Recommended

(Note : If supervisor feels that student will not be able to have satisfactory progress after conversion, they should not recommend conversion)

Comments (if any) :

Name & Signature of Supervisor(s) :

Name & Signature of Supervisor
Date : _____

Name & Signature of Supervisor
Date : _____

Name & Signature of Supervisor
Date : _____

* Delete accordingly.

SECTION C : TO BE COMPLETED BY HEAD OF DEPARTMENT

Application for Conversion of Candidature is **Supported / Not Supported***

Comments (if any) :

Signature of Head of Department

Date

SECTION D : TO BE COMPLETED BY VICE DEAN (RESEARCH)

Application for Conversion of Candidature is **Approved / Not Approved***

Comments (if any) :

Signature of Dean / Vice-Dean

Date

* Delete accordingly.