



Faculty of Engineering
Universiti Malaysia Sarawak (UNIMAS)

**INFORMATION FORM
POST GRADUATE STUDENT**

Name		Name of Supervisor /Co-Supervisor(s)	
Matriculation No		Date of Joining:	
Correspondence Address		Program of Study (<i>e.g., Masters, PhD</i>)	
Telephone (Home) Hand phone E-mail		Sponsorship (if any): Source of financing:	

(i) Academic record

Degree/Certificate	Date from - to	University/Institution	Grade/CGPA	Field

Please provide copy of transcripts

(ii) Research Title:

(iii) Research Area:

(iv) Department:

Date:

Signature:

Name: