APPLICATION FOR PHD QUALIFYING EXAMINATION (PHD QE) &
CONFIRMATION OF PHD CANDIDATURE

Division of *CBC / MAS / PAP / DES*

Instructions:

1. Section A is to be completed by the student and submitted to the main supervisor with the required supporting documents.

2. Division must forward this application form to the Chair’s Office within 2 weeks from the date of submission for approval.

3. * Please delete accordingly.

SECTION A: TO BE COMPLETED BY STUDENT

<table>
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<tr>
<th>Name of candidate:</th>
<th>Matriculation no:</th>
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<tr>
<td>Name of Main Supervisor:</td>
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<tr>
<td>Name of Co-Supervisor:</td>
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<td>Previous highest degree/university/year:</td>
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<tr>
<td>Registration date of graduate program in NTU:</td>
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<tr>
<td>Title of PhD proposal:</td>
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<tr>
<td>Date of application for PhD QE (*First / Second attempt):</td>
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Graduate courses and grades.

*Please include courses up to the current semester and attach your result slip which can be printed via GSLink.*

<table>
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<tr>
<th>Year/Semester taken</th>
<th>Course Codes &amp; Title</th>
<th>Grade obtained</th>
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Note: Student has to pass the prescribed courses based on his/her Division’s requirements.
**List of publications**

Give full details of publications i.e. authors, title, name of journals, page/volume no., year, submitted/accepted for publication. Please also include conference papers.

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I hereby declare that I have satisfied the requirement of “18-month rule” set by the School, i.e. I have submitted a paper for publication to a SCI journal and a copy of the manuscript is enclosed. *(please ✓ accordingly)*

- [ ] Yes
- [ ] Not applicable

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**Nomination of a faculty member* to the QE committee by student: (please ✓ accordingly)**

- Name of the nominated examiner: ____________________________

  *(Professor/ Associate Professor/ Assistant Professor)*

- The faculty member has agreed to be the nominated committee member for my examination.

*Student is allowed to nominate one member of the committee and to seek for support by the supervisor. *

* Refers to a tenure-track faculty member who is at least an Assistant Professor and above.

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I hereby attach the documents in the following order *(please ✓ accordingly)*

- [ ] PhD QE application form
- [ ] Graduate course results slip
- [ ] PhD proposal *(not applicable to MAS candidates)*
- [ ] Reprint(s) of ___________ publications/conference papers
- [ ] Manuscript of paper in press with copy of letter of acceptance
- [ ] Manuscript of paper submitted

Signature of Candidate ___________________ Date _________________
SECTION B: TO BE COMPLETED BY MAIN SUPERVISOR AND CO-SUPERVISOR

1. The application *has / does not have *my / our support.

2. The nomination of examiner by the student *has / does not have *my / our support.

3. *I/We confirm that the student has satisfied the requirement of “18-month rule” set by the School: (please ✔ accordingly)

  □ Yes □ Not applicable

Comments on the student progress and PhD proposal: (attach a separate sheet, if necessary)

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<tr>
<th>Name of Main Supervisor</th>
<th>Signature</th>
<th>Date</th>
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<tbody>
<tr>
<td>Name of Co-Supervisor</td>
<td>Signature</td>
<td>Date</td>
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SECTION C: TO BE COMPLETED BY HEAD OF DIVISION

1. The application *has / does not have my support.

Comments, if any: (attach a separate sheet, if necessary)

2. Formation of the PhD QE Committee

   (i) Chairman: ______________________
   (ii) Supervisor: ____________________
   (iii) Co-Supervisor: __________________
   (iv) Member*: _______________________
   (v) Member*: _______________________ 

Note:

i) The Committee must consist of at least three members and two of the Committee members must be members of the Division.

ii) Student is allowed to nominate one member of the committee and to seek for support by the supervisor.

iii) * Refers to a tenure-track faculty member who is at least an Assistant Professor and above.

Chair’s approval of the committee is required before QE can be conducted.

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<tr>
<th>Name of Head of Division</th>
<th>Signature</th>
<th>Date</th>
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**SECTION D: TO BE COMPLETED BY THE ASSOCIATE CHAIR OF SCHOOL**

1. The application *has / does not have my approval.

   Comments, if any: *(attach a separate sheet, if necessary)*

2. The proposed QE Committee *has / does not have my approval.

   Comments, if any: *(attach a separate sheet, if necessary)*

______________________________  ______________________
Signature of Associate Chair          Date