**Joint Supervision Application Form**

|  |  |  |
| --- | --- | --- |
| First Supervisor | Given Name: | Faculty: |
| Surname: | Department: |
| Current Title: | Email: |
| Student | Given Name: | Student ID: |
| Surname: | M.Sc. □ Ph.D. □ |
| Thesis Tiltle: |
| Co-Supervisor | Given Name: | Email: |
| Surname: | Tel: |
| Current Position: | Address: |
| Faculty/Department |
| Academic Positions | Position | University/Institute | QS Ranking | Country | Year |
|  |  |  |  |  |
|  |  |  |  |  |
| Co-Supervisor Short Biography (write or attach resume file) |
|  |
| Major Research Areas/Grants in Past 5 Years  |
|  |
| How co-supervision will improve the research quality |
|  |
| **Signatures:** |
| Supervisor Name and Signature:Date: | Co-Supervisor Name and Signature:Date: |

**Required Documents and Approvals**

|  |
| --- |
| **Attachment Documents:**  |
| Co- supervisor resume □  | University QS Ranking □  |
| Co-supervisor full time faculty member verification □  | Student approved proposal □ |
| Student proposal approval date:  | Co-supervision request date: |
| **Application Approvals:**  |
| Faculty Dean:Name and SignatureDate: | Vice-Chancellor:Name and SignatureDate: |
| **Student Defense Approval** (This part will be approved after final defense of the student) |
| Associate Dean for Academic Affairs:Name and SignatureDate: | Faculty Dean:Name and SignatureDate: |