



OFFICE USE ONLY

Date:
Time:
Signature:

SUPERVISOR APPROVAL FORM

SECTION 1 (To be filled up in CAPITAL LETTERS)

CANDIDATE NAME:

MATRIC NO.: **PHONE NO.:**

EMAIL:

RESEARCH TITLE:
.....
.....

MODE OF RESEARCH:

<input type="checkbox"/>	Qualitative
<input type="checkbox"/>	Quantitative
<input type="checkbox"/>	Mixed method

SECTION 2 (Please Complete)

NAME OF MAIN SUPERVISOR:

NAME OF CO-SUPERVISOR(S):

I will attend the Postgraduate Symposium on Accounting Studies: Yes

No

.....

Candidate's Signature

Date

SECTION 3 (Candidate is required to get endorsement from main supervisor)

MAIN SUPERVISOR

I certify that this paper is approved for presentation at the Symposium on Accounting Studies.

.....
Signature and Official Stamp

.....
Date