



PUSAT PENGAJIAN SISWAZAH PERNIAGAAN • GRADUATE SCHOOL OF BUSINESS

SUBMISSION OF PROPOSAL FOR PROPOSAL DEFENCE

Student Name:	
Matric No:	Session/Semester:
Program:	
Current Postal Address:	
Contact No: (Mobile)	Email:
Thesis/Dissertation Topic:	
Student's Signature:	
Date:	

Supervisory Committee

Signature

- | | | |
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| 1. | | |
| 2. | | |
| 3. | | |

Proposed Independent Assessor

Faculty

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| 1. | | |
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