**Joint Supervision Application Form**

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| 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**

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| **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 Signature  Date: | Vice-Chancellor:  Name and Signature  Date: |
| **Student Defense Approval** (This part will be approved after final defense of the student) | |
| Associate Dean for Academic Affairs:  Name and Signature  Date: | Faculty Dean:  Name and Signature  Date: |