

PUSAT PENGAJIAN KOMUNIKASI
School of Communication
UNIVERSITI SAINS MALAYSIA
11800 PENANG

POSTGRADUATE LAB CUBICLE FORM (RESEARCH MODE)

1. **Name of Candidate:** _____

MSc

PhD

Full Time

Part Time

2. **Name of Supervisor:** _____

3. **Name of Co-Supervisor (if any):** _____

4.

No.	Item	Detail
1.	Matric Card No.	
2.	Effective date of registration	
3.	Contact number	
4.	E-mail address and Alternate e-mail addresses	
*	<i>Research students must renew their postgraduate cubicle & lab use every academic session</i>	
By signing this from the student and the supervisor are bound to all terms & conditions specified.		
Signature of Candidate: _____ Date: _____		Signature of Supervisor: _____ Date: _____

5. **Deputy Dean (Postgraduate and Research)**

Signature: _____ Date: _____

Endorsement: _____



Lab Office Record

Name of Candidate: _____

Accepted / KIV / Reject : _____

CUBICLE NO: _____

Signature: _____ Date: _____