Please submit the duly completed proposal form to Ms Lina at the Dept of Economics AS2-0602 after detailed discussion with your proposed supervisor. Please ensure that you meet the requirements below.

**Prerequisite(s):**

To be offered subject to the agreement of the Supervisor and Department.

**Cohort 2012 - 2015**

(1) Completed 100 MCs, with 60 MCs in EC

(2) Minimum CAP of 3.20

**Cohort 2016 onwards**

(1) Completed 100 MCs, with 44 MCs in EC

(2) Minimum CAP of 3.20

**Preclusion:** EC4401 or EC4401S or XFA4401 or XFA4402

***Note: There will be marks penalties for late Final Submission of EC-ISM written reports that is without approved extension.***

**Penalties for Late Submission of EC-ISM (without approved extension). Submissions which are more than 14 working days late will be rejected.** *\*(Marks refer to the average of the supervisor's and assessor's marks.)*

1 – 5 working days: Deduct 2 marks\* per day

6 – 10 working days: Deduct 4 marks\* per day

>10 working days: Deduct 10 marks\* per day

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| **PART I – TO BE COMPLETED BY APPLICANT** | | | | | | | | |
| **A.** | **PARTICULARS OF STUDENT** | |  | | |  | | |
| **Name:** |  | | **Matric:** | | |  | | |
| **Phone:** | (Mobile) (Home) | | **Email:** | | |  | | |
| B. | PROPOSED EC-ISM STUDY [ Please use a separate sheet as Appendix I, if necessary. ] | | | | | | | |
| Topic (Title): | | | | | | | | |
| Objectives and Goals (min. 200 words): | | | | | | | | |
| Proposed Outline (min. 400 words):  (a) Introduction:  (b) Method:  (c) Results:  (d) Discussion: | | | | | | | | |
| **Mode of Assessment (please elaborate in about 100 words how student will be assessed). Suggested guide as follows:**   |  |  |  |  |  | | --- | --- | --- | --- | --- | | *Continuous Assessment (20%)* |  |  |  |  | | Consultation with EC-ISM Supervisor : | % |  |  |  | | Others (please specify) : | % |  |  |  | | *Final Written Report (40%)* : | 40 % |  |  |  | | **Total** : | **60 %** |  |  |  | | | | | | | | | |
|  | | | | | | | | |
| Reading List (min. of 5):  (i)  (ii)  (iii)  (iv)  (v) | | | | | | | | |
| Schedule/Work Plan: | | | | | | | | |
| Role of Supervisor (min. 100 words): | | | | | | | | |
| Contact Hours between Supervisor and Student: | | | | | | | | |
| Student Obligations (min. 100 words): | | | | | | | | |
| C. | DECLARATION BY STUDENT | |  | | | | | |
| *I hereby declare that I have discussed and obtained the supervisor’s consent, and I will submit to the Department of Economics all requirements by the stipulated deadlines in Annex A (EC-ISM). And that the information given in this application is true and correct to the best of my knowledge.* | | | | | | | | |
| Signature of Applicant: | |  | |  | Date: | |  |  |
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| PART II – TO BE COMPLETED BY EC-ISM SUPERVISOR | | | | | | | | |
| Outcome: | | Supported | | | Not Supported | | | |
| **Reasons/Comments, if any:** | | | | | | | | |
| *The above student has consulted me and I am agreeable to supervise him/her with the proposed EC-ISM study.* | | | | | | | | |
|  |  | |  |  | |  |  |  |
|  |  | |  |  | |  |  |  |
|  | Name of EC-ISM Supervisor | |  | Signature of EC-ISM Supervisor | |  | Date |  |
|  |  | |  |  | |  |  |  |

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| PART III – TO BE COMPLETED BY EC-ISM COORDINATOR | | | | | | | | |
| Outcome: | | Approved | | | Not Approved | | | |
| **Reasons/Comments, if any:** | | | | | | | | |
| *I have no objection to the agreement made therein by both the supervisor and student for the duration of preparation and submission of the Independent Study Module (EC-ISM).* | | | | | | | | |
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|  | Name of EC-ISM Coordinator | |  | Signature of EC-ISM Coordinator | |  | Date |  |
|  |  | |  |  | |  |  |  |