

Expression of Interest Form

Establishing UM Research Centre (UMCoR)/Research Group

Please complete all sections.

Section A: Type of UMCoR/Research Group (Please tick (✓) one)

Tier 3 UMCoR:

Faculty-based UMCoR. Please specify: _____
(Please submit the form to respective Faculty Deputy Dean (Research))

Cluster-based UMCoR. Please specify: _____
(Please submit the form to respective Research Cluster)

Tier 4 Research Group:

Faculty-based Research Group. Please specify: _____
(Please submit the form to respective Faculty Deputy Dean (Research))

Cluster-based Research Group. Please specify: _____
(Please submit the form to respective Research Cluster)

Section B: Details

Name of Proposed Research Centre/Group:

Name of proposed Head of Centre/Group:

Faculty:

Department:

Email:

Tel:

Fax:

Name of Centre/Group Members and address:

Name

Address

1.

2.

3.

4.

5.

6.

Section C: Information of the Centre/Group

Niche area:

Objective of the Centre

Date: _____

Signature: _____
Name: _____

For Cluster-based UMCOR/Group:

Comments and endorsement by the Head of Department	
<input type="checkbox"/> Recommended <input type="checkbox"/> Not Recommended	
Comments:	

Date: _____ Signature: _____
Name: _____

Comments and endorsement by the Cluster Dean	
<input type="checkbox"/> Recommended <input type="checkbox"/> Not Recommended	
Comments:	

Date: _____ Signature: _____
Name: _____

For Faculty-based UMCOR/Group:

Comments and endorsement by the Head of Department	
<input type="checkbox"/> Recommended <input type="checkbox"/> Not Recommended	
Comments:	

Date: _____ Signature: _____
Name: _____

Comments and endorsement by the Deputy Dean (Research)	
<input type="checkbox"/> Recommended <input type="checkbox"/> Not Recommended	
Comments:	

Date: _____ Signature: _____
Name: _____