This form has to be completed by student applying to read ISM after detailed discussion with the supervisor.

<table>
<thead>
<tr>
<th>Name of Student</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Matric No.</td>
<td></td>
</tr>
<tr>
<td>NUS Email</td>
<td></td>
</tr>
<tr>
<td>Contact No.</td>
<td></td>
</tr>
</tbody>
</table>

**INFORMATION ON THE PROPOSED ISM**

(Please submit the form to BBA Office once it has been approved by the Head of Department)

i) Module Code: ____________________________________________

ii) Module Title: __________________________________________

iii) Module Description: __________________________________

                                                                           __________________________________
                                                                           __________________________________

iv) Module Credits (2 or 4mcs): ______________________________________

v) Contact Hours: _________________________________________________

vi) Mode of Assessment (Pls. elaborate how student will be assessed):   ____________________________________________

                                                                           __________________________________
                                                                           __________________________________

vi) Name & Signature of Supervisor(s): ____________________________________________

---------------------------------------------------------------------------------------------------------------------------------
ENDORSEMENT BY HEAD OF DEPARTMENT
---------------------------------------------------------------------------------------------------------------------------------

A) Department: _________________________________________________

B) Semester & Academic Year: __________________________________________
Assistant / Vice Dean

Name: ____________________________

Decision: Approved* / Not Approved*

Signature: _________________________
Date: ____________
(*delete where appropriate)

UPDATED BY

Pls. tick according.

Name: ____________________________
Signature: _________________________
Date: ____________________________