**APPENDIX – IIIA**

**PG3-A**

**CENTRAL AGRICULTURAL UNIVERSITY**

**IMPHAL-795004 (MANIPUR)**

**PROPOSAL FOR CHANGE IN RESEARCH PLAN**

*(To be submitted to the Director of Instruction in 5 (five) copies)*

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. | Name of the student | | | : |  | | | |
| 2. | Admission No. / Registration No. | | | : |  | | | |
| 3. | Name of the College | | | : |  | | | |
| 4. | Degree for which enrolled | | | : |  | | | |
| 5. | Major field of specialization | | | : |  | | | |
| 6. | Minor field | | | : |  | | | |
| 7. | Supporting field(s) | | | : |  | | | |
| 8. | Research Plan | | | : |  | | | |
| 8.1 | State whether the change is in respect of title, objectives or detailed plan of research | | | : |  | | | |
| 8.2 | Furnish the proposed change along with approved one(s) | | | | | | | |
|  | Approved Proposed Reason for change  (Attach separate sheet(s), if necessary) | | | | | | | |
| 8.3 | Date of initiation of research work | | | : |  | | | |
| 8.4 | Date of proposal for change | | | : |  | | | |
| 8.5 | Total research credits programmed | | | : |  | | | |
| 8.6 | No. of research credits completed | | | : |  | | | |
| 8.7 | Whether the work already done is useful even after change (If ‘Yes’ indicate the weightage in terms of research credits claimed for the work done) | | | | | | | |
| 8.8 | No. of research credits proposed to be cancelled & re-registered. | | | | | | | |
| Semester during which registered | | | No. of research credits  registered to be cancelled | | | Semester during which, cancelled credits proposed to be re-registered | | Total No. of research credits |
| 8.9 | | Whether the GPA report in which the completed research credits were indicated was approved by the University. (If ‘Yes’, furnish details and enclose all copies including the student’s copy for cancellation of research credits) | | | | |  | |
| 8.10 | | State whether all the requirements for PG Programme including thesis submission could be completed within the time limit stipulated even after change in research plan | | | | |  | |
| Date: | | Signature of the student | | | | | | |

|  |  |  |
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| **APPROVAL OF THE STUDENT’S ADVISORY COMMITTEE** | | |
| Chairperson ……………………  Members………………………. | |  |
|  | (i)  (ii)  (iii)  (iv) |  |
| Forwarded by: | | Recommended by: |
| (Head of the Department) | | (Dean) |
| Approved by: | | (Director of Instruction) |
| Copy to: Director of Instruction, Registrar, Dean and Chairperson of the Advisory Committee. | | |