

**QUARTERLY/ FINAL REPORT
SEGi UNIVERSITY RESEARCH FUND**

To submit first week of
 March June September December YEAR: _____

A

PROJECT NUMBER :

RESEARCH TITLE :

PROJECT LEADER :

PROJECT MEMBERS :

B

| ACHIEVEMENT PERCENTAGE | | | | |
|--|----------------------------|------------------|---------------------------------|-----------|
| <i>Project progress according to milestones achieved up to this period</i> | 0 - 25% | 26 - 50% | 51 - 75% | 76 - 100% |
| <i>Percentage</i> | | | | |
| RESEARCH FINDINGS | | | | |
| <i>Number of articles/ manuscripts/ books</i> | <i>ISI Indexed Journal</i> | | <i>ISI Non-Indexed Journal</i> | |
| | - | | - | |
| <i>Paper Presentations (Details)</i> | <i>International</i> | | <i>National</i> | |
| | - | | - | |
| <i>Others (Please specify)</i> | | | | |
| HUMAN CAPITAL DEVELOPMENT | | | | |
| <i>Human Capital</i> | <i>Number</i> | | <i>Others (Please specify):</i> | |
| | <i>On-going</i> | <i>Graduated</i> | | |
| <i>PhD Student</i> | - | - | | |
| <i>MSc Student</i> | - | - | | |
| <i>Undergraduate Final Year Project</i> | - | - | | |
| <i>Temporary Research Officer</i> | - | | | |
| <i>Temporary Research Assistant</i> | - | | | |
| Total | - | | | |

EXPENDITURE

| | | | |
|----------|----------------------------|-----------------|--|
| C | Budget Approved | : RM | |
| | Amount Spent | : RM | |
| | Balance | : <u>RM</u> | |
| | Percentage of Amount Spent | : <u> </u> % | |

SUMMARY OF RESEARCH FINDINGS:

| | |
|----------|---|
| D | - |
|----------|---|

PROBLEMS / CONSTRAINTS IF ANY: (For Final Report: please attach a page on the impact, outcome, and future direction arising from this completed project and also attach all its related publications.)

| | |
|----------|--|
| E | |
|----------|--|

Date : _____ **Project Leader's Signature :** _____

ENDORSEMENT AND REMARK BY DEAN OF FACULTY / HEAD OF SCHOOL

| | |
|----------|---|
| F | <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> |
| | <p>Name: _____ Signature: _____</p> |
| | <p>Date: _____</p> |

FOR RIMC OFFICE USE:

| | | |
|----------|-----------------------|-------|
| G | RECEIVED BY: | DATE: |
| | Remarks: | |
| | | |
| | | |
| | Director's signature: | Date: |
| | Stamp: | |