

INTENT TO SUBMIT GRADUATE THESIS/DISSERTATION FOR VIVA VOCE

To: Centre of Graduate Studies, Jalan Tun Abdul Razak, 05200 Alor Setar, Kedah Darul Aman, Malaysia.

| PART I: TO BE FILLED UP BY STUDENT | | | | |
|--|---|--|--|--|
| I intend to submit my Thesis/Dissertation for Viva Voce. | | | | |
| Name of Student: | Student ID: | | | |
| Mobile No.: | E-Mail: | | | |
| Programme of Study: Ph.D. | Master by Research | | | |
| Thesis/Dissertation Title: | | | | |
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| *Note: Please submit the softcopy of the thesis wit | hin 3 months, together with the turn-it-in report | | | |
| | | | | |
| Candidate's Signature: | Date: | | | |
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| PART II: TO BE FILLED UP BY THE MAIN SUPERVISOR | | | | |
| I am satisfied with his/her progress and have no objection regarding his/her intention | | | | |
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| Signature & Official Stamp: | Date: | | | |
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PART III: TO BE FILLED UP BY STUDENT **Details of publication:** 1. Title of article: 2. Publisher: 3. Year published: 5. Page: 7. Name of Journal: 8. Indexed by: Scopus ISI Others: 9. Remarks: **Details of publication:** 1. Title of article: 2. Publisher: 3. Year published: 6. Issue: 7. Name of Journal: 8. Indexed by: Scopus ISI Others: 9. Remarks:

PART IV: TO BE FILLED UP BY THE MAIN SUPERVISOR

I hereby nominate the examiners as details below: (Please attach CV of the examiners)

| EXTERNAL EXAMINER: | | | |
|--------------------|------------------------|---------|--|
| 1. | Name: | | |
| | Address (Office): | | |
| | Telephone/ Hand phone: | Fax No: | |
| | E-mail: | | |
| 2. | Name: | | |
| | Address (Office): | | |
| | Telephone/ Hand phone: | Fax No: | |
| | E-mail: | | |
| 3. | Name: | | |
| | Address (Office): | | |
| | Telephone/ Hand phone: | Fax No: | |
| | E-mail: | | |
| INTER | NAL EXAMINER: | | |
| 1. | Name: | | |
| | Address (Office): | | |
| | Telephone/ Hand phone: | Fax No: | |
| | E-mail: | | |
| 2. | Name: | | |
| | Address (Office): | | |
| | Telephone/ Hand phone: | Fax No: | |
| | E-mail: | | |
| | | | |

| 3. Name: | | | | |
|--|---------|--|--|--|
| Address (Office): | | | | |
| Telephone/ Hand phone: | Fax No: | | | |
| E-mail: | | | | |
| NOTE: THE PROPOSED INTERNAL AND EXTERNAL EXAMINER MUST NOT: a) have been involved in the supervision of the candidate or supervisor(s) as supervisor, co-supervisor or advisor. b) be or have been, involved in any research and publication collaboration with the candidate for the past three (3) years. c) have any current or previous family or personal relationship with either supervisor(s) or candidate. | | | | |
| PART V: APPOINTMENT (BASED ON DECISIONS BY POST GRADUATE COMMITTEE (PGC)) | | | | |
| · | | | | |
| External Examiner: | | | | |
| External Examiner: | | | | |
| Internal Examiner: | | | | |
| Date of PGC Meeting: | | | | |
| Signature: | Date: | | | |
| Director Centre for Graduate Studies | | | | |
| PART VI: FOR OFFICE USE ONLY | | | | |
| Received: | | | | |
| Thesis/Dissertation Submitted to Examiners: | | | | |
| Viva: | | | | |
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^{*} Tick $\boldsymbol{\sqrt{}}$ wherever appropriate