



NOTICE OF THESIS SUBMISSION

(Submit at least three (3) months prior to thesis submission)

Section A : To be completed by the Candidate

(Please tick (✓) where applicable)

Dean
Institute of Postgraduate Studies
Universiti Sains Malaysia
11800 USM, Penang

Notice of Thesis Submission

I,(Name),
smart card number a **Master**

Doctor of Philosophy student will be submitting draft copies of my thesis to be examined three
(3) months after the date of this notice. The thesis title is:-

Title :

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Translation :

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My personal particulars are as follows :

Name :	
Address :	
: Postcode	
Tel. No. (House) :	Fax No. :
Tel. No. (Office) :	Email :
H/Phone No. :	

.....
(Signature) **(Date)**

LKM 100 course registration (for International students only) : <input type="checkbox"/> Completed / Grade : <input type="checkbox"/> Not completed	Endorsement by School : Staff's signature : Staff's Name : Date :
Pre-requisite course(s) registration (if any) : <input type="checkbox"/> Completed <input type="checkbox"/> Not completed	

ENDORSEMENT BY MAIN SUPERVISOR

Section B: To be completed by the Main Supervisor

I,, Main Supervisor for, a Master / Doctor of Philosophy degree candidate student, certify the candidate's intention to submit ten(10) draft copies of the thesis for evaluation.

In this regard, I hereby endorse/do not endorse the progress achieved by the candidate and have no objections/object to the candidate's intention to submit the draft copies of thesis for evaluation three (3) months after the date of this notice.

.....
(Signature)

.....
(Date)

Co-supervisor (if available) :

ENDORSEMENT BY DEAN/DIRECTOR OF SCHOOL/CENTRE

Section C: To be completed by the Dean/Director of School/Centre

I, Dean/Director of the School/Centre hereby endorse the recommendations made by the Main Supervisor as stipulated in Section B above.

The School/Centre has recommended the appointment of the following External and Internal Examiners:

External Examiner *	Internal Examiner **
Name : Address : Postcode : Tel. : Fax : Email : Already appointed by USM: Yes <input type="checkbox"/> No <input type="checkbox"/>	Name : Address : Postcode : Tel. : Fax : Email : Obtained approval: Yes <input type="checkbox"/> No <input type="checkbox"/>
Name : Address : Postcode : Tel. : Fax : Email : Already appointed by USM: Yes <input type="checkbox"/> No <input type="checkbox"/>	Name : Address : Postcode : Tel. : Fax : Email : Obtained approval: Yes <input type="checkbox"/> No <input type="checkbox"/>
External Examiner (Reserve)*	Internal Examiner (Reserve) **
Name : Address : Postcode : Tel. : Fax : Email : Already appointed by USM: Yes <input type="checkbox"/> No <input type="checkbox"/>	Name : Address : Postcode : Tel. : Fax : Email : Obtained approval: Yes <input type="checkbox"/> No <input type="checkbox"/>

*School/Centre must ensure that External Examiners have been approved by the University Senate.

**School/Centre must ensure that Internal Examiners have approved their appointments.

.....
(Signature and Stamp)

.....
(Date)

Regulations on the Appointment of Examiners 1. Candidates who are NOT USM staff : MSc :- One(1) External and one(1) Internal Examiner, Phd:- One(1) External Examiner and two(2) Internal Examiners. 2. Candidates who are USM staff : MSc :- One(1) External and two(2) Internal Examiner, Phd:- Two(2) External Examiners and one(1) Internal Examiner. 3. Please provide the Examiners' current address and contact numbers.	FOR IPS USE ONLY Staff on duty : Date :
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