

NOTICE OF THESIS SUBMISSION

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

Section 1: To be completed by the student

(Please tick ($\sqrt{}$) where applicable)

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

Notice of Thesis Submission

l,				(Name),
smart card number	а	Master		/
Doctor of Philosophy student wil	l be subr	mitting draft co	opies of my thesis	to be examined three
(3) months after the date of this notice.	The thesi	is title is:-		
Title:				
Treveletien				
Translation:				
My personal particulars are as follows:				
Name:				

Name:	
Address:	
Postcode:	
Hand Phone No.:	Email:
I am USM Staff non USM Staff.	

	••••••
(Signature)	(Date)
LKM 100 course registration (for International students only	y) : Endorsement by School :
Completed / Grade : Not complete	ed Staff's signature :
Pre-requisite course(s) registration (if any) : Completed Not complete	Staff's Name :
	Date :

ENDORSEMENT BY SCHOOL / CENTRE / INSTITUTE

Section 2: (To be completed by School/ Centre / Institute)

Publication Requirement for Graduation Status: These requirements applies for registered students starting from Semester 1, Academic Session, 2017/2018 and onwards.

Title of Publication:
a
Please tick (/) which applicable
Submitted Accepted Published
Journals Indexed:
ISI / SCOPUS / ERA MyJurnal MyCite Penerbit USM MAPIM Thomson Reuters Web of Science (WoS) Master Book of List
b
Please tick (/) which applicable
Submitted Accepted Published
Journals Indexed
ISI / SCOPUS / ERA MyJurnal MyCite Penerbit USM

ENDORSEMENT BY MAIN SUPERVISOR

Section 3: To be completed by the Main Supervisor

I
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/INSTITUTE

Section 4: To be completed by the Dean/Director of School/Centre/Institute

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

External Examiner *			Internal Examiner **			
Name:			Name:			
Address:		Address:				
Postco	de:		Postcode:			
Tel.:		Tel.: Fax:				
Email :			Email :			
Already appointed by USM:	Yes	No	Obtained approval:	Yes	No	
		_				
Name:			Name:			
Address:			Address:			
Postco	de:		Postcode:			
Tel.: Fax:		Tel.: Fax:				
Email :			Email :			
Already appointed by USM:	Yes	No	Obtained approval:	Yes	No	
External Examiner (Reserve)*			Internal Examiner (Reserve) **			
Name:			Name:			
Address:		Address:				
Postcode:			Postcode:			
Tel.:		Tel.: Fax:				
Email :			Email :			
	Yes	No	Obtained approval:	Yes	No	

*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: Master: One (1) External and one (1) Internal Examiner, PhD: One (1) External and two (2) Internal Examiners.
- 2. Candidates who are USM staff: Master: One (1) External and two (2) Internal Examiner, PhD: Two (2) External and one (1) Internal Examiner.
- 3. Please provide the examiners' current address and contact numbers.

FOR IPS USE ONLY

Staff on duty:..... Date:.....