

NOTICE OF THESIS & PUBLICATION SUBMISSION

(Submit at least six (6) months prior to thesis & publication 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 & Publication Submission

I,..... (Name)

Smart card number.....a **Doctor of Philosophy student**, will be submitting draft copies of my thesis & publication to be examined after six (6) months after the date of this notice.

The thesis title is:-

<p>Title :</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>

<p>Translation:</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
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My personal particulars are as follows:-

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

.....
(Signature)

.....
(Date)

FOR IPS USE ONLY

Endorsement by IPS :	Staff name :	Date :
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ENDORSEMENT BY MAIN SUPERVISOR

Section B: (To be completed by the Main Supervisor)

I,, Main Supervisor for, a Doctor of Philosophy degree candidate student, certify the candidate's intention to submit ten (10) draft copies of the thesis & publication 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 & publication for evaluation six (6) 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:

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

External Examiner*	Internal Examiner **
Name : Address : Postcode: Tel.: Faks:	Name: Address : Postcode: Tel.: Faks:
External Examiner (Reserve) *	Internal Examiner (Reserve)
Name : Address: Postcode: Tel.: Fax: Email:	Name : Address: Postcode: Tel.: Fax: Email:

*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)