

NOTICE OF THESIS SUBMISSION

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

Section 1: To be completed by the student

(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:

.....
.....
.....
.....

Translation:

.....
.....
.....
.....

My personal particulars are as follows:

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

.....
(Signature)

.....
(Date)

LKM 100 course registration (for International students only) :

☐ Completed / Grade : ☐ Not completed

Pre-requisite course(s) registration (if any) :

☐ Completed ☐ Not completed

Endorsement by School :

Staff's signature :

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

☐

MAPIM

☐

Thomson Reuters Web of Science (WoS) Master Book of List

ENDORSEMENT BY MAIN SUPERVISOR

Section 3: 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/INSTITUTE

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

I,
Dean/Director of the School/Centre/Institute hereby
endorse the recommendations made by the Main Supervisor as stipulated in Section 3 above.

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

(Please ensure that the appointed examiner has never served as the Main Supervisor or Co-Supervisor)

External Examiner *	Internal Examiner **
Name:.....	Name:.....
Address:	Address:
..... Postcode:	 Postcode:
Tel.: Fax:	Tel.: Fax:
Email :	Email :
Already appointed by USM: ☐ Yes ☐ No	Obtained approval: ☐ Yes ☐ No
Name:.....	Name:.....
Address:	Address:
..... Postcode:	 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.: Fax:	Tel.: Fax:
Email :	Email :
Already appointed by USM: ☐ 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:.....