

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 <input type="checkbox"/> USM Staff <input type="checkbox"/> non USM Staff .	

.....

(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 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:

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