

### 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:**

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**Translation:**

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My personal particulars are as follows:

|                      |             |
|----------------------|-------------|
| Name:.....           |             |
| Address:.....        |             |
| Postcode:.....       |             |
| Hand Phone No.:..... | Email:..... |

.....

**(Signature)**

.....

**(Date)**

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

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**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

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