Ghazali Shafie Graduate School of Government
Universiti Utara Malaysia

GSGSG/V001

INTENT TO SUBMIT THESIS (FOR VIVA VOCE)

SECTION A: TO BE COMPLETED BY THE CANDIDATE

I intent to submit my thesis to be examined

Name:			
Address:			
Matric. No.:		Date of Admission:	
Programme:	☐ Ph.D ☐ Master	Modes:	Full Time ☐ Part Time ☐
School:			
Tel No.:		Emails:	

Title of the Thesis (please write in capital letters):

_____

_____

_____

_____

_____

(Title of thesis must not exceed 14 words)

I understand that this application will only be processed **IF ALL FEES IS SETTLED AND THE DOCUMENTS ARE COMPLETELY PROVIDED** and; as below (please tick √ in the box if the documents are attached with this form)*:

1. Thesis abstract in English ☐
2. Thesis abstract in Bahasa Melayu ☐
3. The evidence of publication as stated in Section B; ☐
4. A copy of CV's External Examiner (as stated in Section C) ☐

Date:	Signature:

SECTION B: TO BE COMPLETED BY PHD CANDIDATE

Publication: (Please tick√) either Option A or Option B: (Who Registered On First Semester (September) Of 2011/2013 Session (AR111) to Semester 2016/2017 Session:

☐ **Option A:**
1) At least one (1) article is accepted for publication in ISI or Scopus Journal and:
2) At least one (1) articles is under review for publication in a refereed journal.

☐ **Option B:** Two (2) articles are publish in refereed journal(s).

Publication: (Please tick √) (Who Registered On First Semester (September) Of 2017/2018 Session And Onwards:

☐ At least one (1) article, accepted/published for publication in a Scopus Indexed Journal

(Please attach the evidence of publication – as listed in the next page)

Details of Publication (Please attach the evidence of publication)

1. Title of article: _____
   _____
   _____
2. Publisher: _____
3. Year Published: _____ 4. Volume: _____
5. Page: _____ 6. Issue: _____
7. Name of Journal: _____
8. ISSN: _____
9. Indexed by:* ☐ Scopus ☐ ISI
   Others: _____
10. Remarks: _____

1. Title of article: _____
   _____
   _____
2. Publisher: _____
3. Year Published: _____ 4. Volume: _____
5. Page: _____ 6. Issue: _____
7. Name of Journal: _____
8. ISSN: _____
9. Indexed by:* ☐ Scopus ☐ ISI
   Others: _____
10. Remarks: _____

Date: Signature:

SECTION C: TO BE COMPLETED BY MAIN SUPERVISOR

I hereby nominate the examiners as below **(Please attach CVs of the examiners):**

EXTERNAL EXAMINERS:

1. Name: _____

   Office Address: _____

   _____

   _____

   Tel/HP No.: _____ Fax No.: _____

   Email: _____

2. Name: _____

   Office Address: _____

   _____

   _____

   Tel/HP No.: _____ Fax No.: _____

   Email: _____

3. Name: _____

   Office Address: _____

   _____

   _____

   Tel/HP No.: _____ Fax No.: _____

   Email: _____

4. Name: _____

   Office Address: _____

   _____

   _____

   Tel/HP No.: _____ Fax No.: _____

   Email: _____

5. Name: _____

   Office Address: _____

   _____

   _____

   Tel/HP No.: _____ Fax No.: _____

   Email: _____

INTERNAL EXAMINERS

1. Name: _____

   Ext. No. _____ HP No. _____

   Email: _____

   School: _____

   College: ☐ COLGIS ☐ CAS

   ☐ COB ☐ OYAGSB

2. Name: _____

   Ext. No. _____ HP No. _____

   Email: _____

   School: _____

   College: ☐ COLGIS ☐ CAS

   ☐ COB ☐ OYAGSB

Panel of Proposal Defence

Panel 1: _____

Panel 2: _____

***Justification if the internal examiner's propose is not from the defense proposal panel**

_____

_____

_____

_____

Declaration by Main Supervisor:	Declaration by Co-Supervisor:
The student has fulfilled the requirement for publication. I am satisfied with his/her progress and have no objection with his/her intention to defend his/her thesis (viva voce)	The student has fulfilled the requirement for publication. I am satisfied with his/her progress and have no objection with his/her intention to defend his/her thesis (viva voce)
_____ Signature & Stamp	_____ Signature & Stamp
Date: _____	Date: _____

SECTION D: TO BE COMPLETED BY THE DEAN OF THE SCHOOL

I hereby nominate the examiners as below **(Please attach CVs of the examiners):**

EXTERNAL EXAMINERS:

1. Name: _____
   Office Address: _____
   _____
   _____
   Tel/HP No.: _____ Fax No.: _____
   Email: _____

2. Name: _____
   Office Address: _____
   _____
   _____
   Tel/HP No.: _____ Fax No.: _____
   Email: _____

3. Name: _____
   Office Address: _____
   _____
   _____
   Tel/HP No.: _____ Fax No.: _____
   Email: _____

4. Name: _____
   Office Address: _____
   _____
   _____
   Tel/HP No.: _____ Fax No.: _____
   Email: _____

5. Name: _____
   Office Address: _____
   _____
   _____
   Tel/HP No.: _____ Fax No.: _____
   Email: _____

INTERNAL EXAMINERS

1. Name: _____

Ext. No. _____ HP No. _____

Email: _____

School: _____

College: ☐ COLGIS ☐ CAS

☐ COB ☐ OYAGSB

2. Name: _____

Ext. No. _____ HP No. _____

Email: _____

School: _____

College: ☐ COLGIS ☐ CAS

☐ COB ☐ OYAGSB

Date: Signature:

SECTION E: TO BE COMPLETED BY THE DEAN OF THE GSGSG

I hereby ( ) agree / ( ) not agree* to accept the intention of the student to undergo the viva voce session. The nomination of the examiners will be endorsed in Jawatankuasa Ijazah Lanjutan (JIL) Kolej.

_____ _____

Date: Signature and Stamp:

SECTION F: FOR OFFICE (GSGSG) USE ONLY:

Date this form received: ☐☐ – ☐☐ – ☐☐☐☐

Date the student submit the thesis to GSGSG: ☐☐ – ☐☐ – ☐☐☐☐

Date thesis submitted to the examiners: ☐☐ – ☐☐ – ☐☐☐☐

Date Endorsed in JIL Kolej: ☐☐ – ☐☐ – ☐☐☐☐

Date of appointment of examiners: ☐☐ – ☐☐ – ☐☐☐☐

Date of viva voce session: ☐☐ – ☐☐ – ☐☐☐☐