



**College of
Business**
Universiti Utara Malaysia

UUMCOB/PSU/T02

INTENT TO SUBMIT GRADUATE THESIS/DISSERTATION FOR VIVA VOCE

To: College of Business Universiti Utara Malaysia,
06010 Sintok
Kedah Darul Aman.
(Attn: Viva Unit Respective School)

PART I: TO BE FILLED UP BY STUDENT

I intend to submit my Thesis/Dissertation for Viva Voce.

Name of Student:

Matric No:

Mobile No.:

E-Mail:

Programme of Study:

Ph.D.

Master by Research

Thesis/Dissertation Title:

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*Note: Please submit 3 copies of the thesis within 3 months. Please submit a copy of turn-it-in report.

Candidate's Signature:

Date:

PART II: TO BE FILLED UP BY THE MAIN SUPERVISOR

I am satisfied with his/her progress and have no objection regarding his/her intention

Signature & Official Stamp:

Date:

PART III: TO BE FILLED UP BY STUDENT

1. (Applicable for (Ph.D.) student who has registered from semester A111/SEPTEMBER 2011/2012)

Publication

(Please tick (√) either option A or option B)

Option A:

i) At least one (1) article is accepted for publication in ISI or Scopus Journal; **and**

ii) At least one (1) article is under review for publication in a refereed journal

Option B:

Two (2) articles are published in refereed journal(s).

2. (Applicable for (Ph.D.) student who has registered from semester A171/SEPTEMBER 2017/2018)

Produce at least ONE (1) article, accepted/published for publication in a Scopus Indexed Journal.

Details of publication:

1. Title of article:

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2. Publisher:

3. Year published:

4. Volume:

5. Page:

6. Issue:

7. Name of Journal:

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8. Indexed by: Scopus ISI Others:

9. Remarks:

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9. Remarks:

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PART IV: TO BE FILLED UP BY THE MAIN SUPERVISOR

I hereby nominate the examiners as details below: (Please attach CV of the examiners)

EXTERNAL EXAMINER:

1. Name:

Address (Office):

Telephone/ Hand phone: Fax No:

E-mail:

2. Name:

Address (Office):

Telephone/ Hand phone: Fax No:

E-mail:

3. Name:

Address (Office):

Telephone/ Hand phone: Fax No:

E-mail:

INTERNAL EXAMINER:

1. Name:

Address (Office):

Telephone/ Hand phone: Fax No:

E-mail:

2. Name:

Address (Office):

Telephone/ Hand phone: Fax No:

E-mail:

3. Name:

Address (Office):

Telephone/ Hand phone: Fax No:

E-mail:

PART V: APPOINTMENT (BASED ON DECISION OF JIL COB)

External Examiner:

External Examiner:

Internal Examiner:

Signature:

Date:

Dean of School

PART VI: FOR OFFICE USE ONLY

Received:

Appointment of Examiners:

Thesis/Dissertation Submitted to Examiners:

Viva:

* Tick wherever appropriate