

**KULLIYYAH OF ISLAMIC REVEALED KNOWLEDGE AND HUMAN SCIENCES**

**OFFICE OF DEPUTY DEAN (RESPONSIBLE RESEARCH AND INNOVATION)**

**HONORARIUM FOR EXAMINER OF MASTER’S THESIS CLAIM FORM**

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| **Part I : Examiner Particulars** | |
| Name |  |
| Staff No (IIUM Staff) |  |
| Post / Grade |  |
| Department |  |
| Contact No. |  |
| Email address |  |

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| **Part II: Details of Master’s Thesis Examined** | |
| Thesis Title |  |
| Student’s Name |  |
| Matric. No. |  |
| Programme |  |
| Grade |  |
| Date received thesis from Department |  |
| Date submit thesis to Department |  |

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| **Part III: Examiner Declaration** |
| I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(name) hereby declared that all the information given herein is true. I am claiming the honorarium payment as Examiner of Master’s Thesis amounting to **RM400.00 (Internal Examiner) / RM500.00 (External Examiner)\*.** I attached herewith the copy of bank account detail for payment purposes. |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Examiner

Date:

**Note (\*): Payment will be made if the Master’s evaluation report is submitted within one (1) month (maximum) after receiving the thesis from the Department.**

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| **Part IV: Verification by Head of Department** |
| I hereby verify that the Examiner, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name) is eligible to claim the honorarium payment as Examiner of Master’s Thesis.  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Signature and Stamp of Head of Department  Date: |

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| **Part V: Recommendation by Deputy Dean (Responsible Research and Innovation)** | |
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| [ ] Recommended | [ ] Not Recommended |
| Please state the reason if Not Recommended: | |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Signature and Stamp  Date: | |

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| **Part VI: Approval by the Dean / Senior Deputy Director** | |
|  | |
| [ ] Approved | [ ] Not Approved |
| Please state the reason if Not Approved: | |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Signature and Stamp  Date: | |