



# REQUEST FOR RESEARCH PROPOSAL DEFENCE FORM

Semester: \_\_\_\_\_ Session: \_\_\_\_\_

Required to tick the appropriate box below:

PhD research proposal defence (1 <sup>st</sup> time) :	<input type="checkbox"/>	Master proposal defence (1 <sup>st</sup> time) :	<input type="checkbox"/>
PhD research proposal defence (Resubmit <u>with</u> defence) :	<input type="checkbox"/>	Master proposal defence (Resubmit <u>with</u> defence) :	<input type="checkbox"/>
PhD research proposal defence (Resubmit <u>without</u> defence) :	<input type="checkbox"/>	Master proposal defence (Resubmit <u>without</u> defence) :	<input type="checkbox"/>

**TO BE FILLED BY STUDENT**

Name of Student : \_\_\_\_\_

Programme : \_\_\_\_\_ Handphone No : \_\_\_\_\_

Matric No : \_\_\_\_\_ Email Address : \_\_\_\_\_

Title : \_\_\_\_\_  
(Please ensure spelling and grammars are correct. Avoid using acronym or abbreviation)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**REMINDER FOR STUDENT AND SUPERVISOR**

**STUDENT:**

(a) Enclosed registration proof for the current semester with a copy of the registration slip. The Postgraduate Unit will not process for examination if you are not registered for the current semester.

(b) Ensure the form signed by both the supervisor and co-supervisor.

(c) Submit two copies of research work and printed on single-sided page.

**SUPERVISOR:**

(a) During the defence, all questions posed by examiners **MUST** be answered by the student without any assistance from supervisors.

**STUDENT AND SUPERVISOR**

(a) Turn-it-in report. The accepted similarity index is **24% and below** (approved and signed by the supervisor).

I, \_\_\_\_\_ (write your name) hereby confirm and understand the following:

- a) I have prepared my *\*PhD research proposal/ masters research proposal* in **ACCORDANCE WITH THE FORMAT** as per University's thesis manual and that all my references and citations comply with the Guidelines.
- b) I also confirm that I have sent for proofreading the entire *\*PhD research proposal/ masters research proposal* and ensured that it was prepared with the high quality of the English language.
- c) I understand that the Kulliyah Postgraduate Unit has the right **NOT TO ACCEPT** my *\*PhD research proposal/ masters research proposal* for presentation and examination if it does not fulfil the above conditions.
- d) I understand that the Kulliyah Postgraduate Unit will **SCHEDULE THE DEFENCE 4-8 WEEKS FROM THE DATE OF SUBMISSION.**

I have read and will comply with the above.

Student's signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### CHECKLIST FOR STUDENTS

##### Guidelines for student writing

- Referencing style is consistent with Thesis Manual Guideline/ Formatting
- (<http://www.iium.edu.my/centre/cps/pg-policies-and-procedures> )
- A table of contents must be included
- All research instruments have been attached as appendices
- All citations have been included in the reference list
- Font Type: Time News Roman, Font Size: 12, Double Spacing
- Print on single-sided page
- U.K English

##### Guidelines for student presentation

- The presentation must not exceed 20 minutes with a maximum of 15 slides
- Suggested presentation outline:
  - Research Objectives/Questions
  - Problem Statement
  - Literature Review
  - Theoretical / Conceptual Framework
  - Hypothesis (If Any)
  - Research Method

#### TO BE FILLED BY SUPERVISORY COMMITTEE

I, hereby approve the above-named student's submission of the *\*PhD research proposal/ masters research proposal* and confirm that it complies with the thesis manual guidelines/ formatting and meets the minimum acceptable standards for submission.

Supervisor's approval : \_\_\_\_\_  
Signature and stamp of main supervisor Date

Chairman/1<sup>st</sup> Co-Supervisor's approval : \_\_\_\_\_  
Signature and stamp of 1<sup>st</sup> Co-supervisor \_\_\_\_\_ Date \_\_\_\_\_

2<sup>nd</sup> Co-Supervisor's approval : \_\_\_\_\_  
Signature and stamp of 2<sup>nd</sup> co-supervisor \_\_\_\_\_ Date \_\_\_\_\_

**TO BE FILLED BY DEPARMENT POSTGRADUATE COORDINATOR**

Please propose the examiners for the student.

Proposed 1<sup>st</sup> Examiner : \_\_\_\_\_  
\_\_\_\_\_

Proposed 2<sup>nd</sup> Examiner : \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature and stamp of postgraduate coordinator \_\_\_\_\_ Date \_\_\_\_\_

**TO BE FILLED BY POSTGRADUATE UNIT**

Name of student: \_\_\_\_\_ Matric no.: \_\_\_\_\_

Date : \_\_\_\_\_ Time : \_\_\_\_\_

Day : \_\_\_\_\_ Venue : \_\_\_\_\_