



MASTER DISSERTATION/RESEARCH PAPER EXAMINATION

Semester: _____ Session: _____

Required to tick the appropriate box below:

Master Examination (1 st time)	<input type="checkbox"/>	Credit hours	6 credit hours	<input type="checkbox"/>	9 credit hours	<input type="checkbox"/>
Master Examination (Resubmit with presentation)	<input type="checkbox"/>		12 credit hours	<input type="checkbox"/>	18 credit hours	<input type="checkbox"/>
Master Examination (Resubmit without presentation)	<input type="checkbox"/>		28 credit hours	<input type="checkbox"/>	30 credit hours	<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:

- 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.**
- Ensure the form signed by both the supervisor and co-supervisor.
- Submit two copies of research work and printed on single-sided page.
- Enclosed letter to confirm that the entire *master's dissertation/ master research paper has been proof read

SUPERVISOR:

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

STUDENT AND SUPERVISOR

- 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 *masters dissertation/research paper* 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 proof reading the entire **masters dissertation/ research paper* and ensured that it was prepared with the high quality of the English language.
- c) I understand that the Kulliyyah Postgraduate Unit has the right **NOT TO ACCEPT** my **masters dissertation/research paper* for examination if it does not fulfil the above conditions.
- d) **For programme WITH presentation / PTEM /Viva-Voce**
I understand that the Kulliyyah Postgraduate Unit will **SCHEDULE THE DEFENCE 4-8 WEEKS FROM THE DATE OF SUBMISSION.**
- e) **For programme with NO presentation / PTEM /Viva-Voce**
I understand that the Kulliyyah Postgraduate Unit will forward my **master's dissertation/research paper* to the examiner for examination and comments. The results and comments will be given to me after **4-8 WEEKS FROM THE DATE OF SUBMISSION TO EXAMINER.**

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
 - Major Findings
 - Conclusions

TO BE FILLED BY SUPERVISORY COMMITTEE

I, hereby approve the above-named student's submission of the *master's dissertation/master research paper and confirm that it complies with the thesis manual guidelines and meets the minimum acceptable standards for submission.

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

1st Co-supervisor's approval: _____
Signature and stamp of 1st Co-supervisor Date

2nd Co-supervisor's approval: _____
Signature and stamp of 2nd co-supervisor Date

TO BE FILLED BY DEPARTMENT POSTGRADUATE COORDINATOR

Examination Type (Please tick accordingly) No PTEM With PTEM No Presentation With Presentation With Viva Voce

Please propose the examiners for the student.

Proposed 1st Examiner : _____

Proposed 2nd Examiner : _____

Signature and stamp of postgraduate coordinator Date

TO BE FILLED BY POSTGRADUATE UNIT

Name of student: _____ Matric no.: _____

Date : _____ Time : _____

Day : _____ Venue : _____