**APPOINTMENT OF INTERNAL / EXTERNAL EXAMINERS**

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| **Name / Matric No. / Programme** | **Thesis Title / Supervisor & Co-supervisor(s)** | **Proposed Examiner Committee Members** |
| Name:  Matric No.:  Programme: | Thesis Title:  Supervisor:  Co-Supervisor(s):   |  |  |  | | --- | --- | --- | |  |  |  | | **Internal Examiner:**  *E.g: Asst. Prof. Dr. Nour El Huda*  *Department of Basic Medical Sciences*  *Kulliyyah of Medicine*  *IIUM Kuantan Campus*  *25200 Kuantan Pahang*  **Internal Examiner (Alternate):**  **External Examiner:**  *E.g: Assoc. Prof. Dr. Wan Rohani Binti Wan Taib*  *School of Biomedicine, Faculty of Health Sciences, Universiti Sultan Zainal Abidin, 21300 Kuala Nerus, Terengganu*  **External Examiner (Alternate):** |
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| **Checked by Postgraduate Coordinator**  Signature:  Name and Stamp  Date: | **Recommendation of Head of Department**  Signature:  Name and Stamp  Date: | **KPGC Approval:**  **Deputy Dean (Postgraduate)**  Signature:  Name and Stamp  Date: |