



Othman Yeop Abdullah
Graduate School of Business
Universiti Utara Malaysia

INTENT TO SUBMIT GRADUATE THESIS/DISSERTATION

To: **Dean**
Othman Yeop Abdullah Graduate School of Business
Universiti Utara Malaysia
06010 UUM Sintok, Kedah

PART I (To be filled up by Student)

I intent to submit my thesis/dissertation to be examined.

Name of Student : _____

Matric No. : _____ H/P No: _____ Email: _____

Programme of Study Ph.D

D.Mgmt

DBA

Master (by Research)

Thesis/Dissertation Title:

Candidate's Signature

Date

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

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 and Official Stamp

Date

PART III (To be filled up by the Student)

(Applicable for a student who has registered from semester AR111/SEPTEMBER 2011/2012)

Publication

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

Option A:

- 1) At least one (1) article is accepted for publication in ISI or Scopus Journal
and
- 2) 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).

Details of publication:

1. Title of article: _____

2. Publisher: _____

3. Year published: _____ 4. Volume: _____

5. Page: _____ 6. Issue: _____

7. Name of Journal: _____

8. Indexed by: Scopus ISI Others : _____

9. Remarks: _____

1. Title of article: _____

2. Publisher: _____

3. Year published: _____ 4. Volume: _____

5. Page: _____ 6. Issue: _____

7. Name of Journal: _____

8. Indexed by: Scopus ISI Others : _____

9. Remarks: _____

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: _____

PART V (*Appointment*)

Internal Examiners: _____

Internal Examiners: _____

Internal Examiners: _____

Signature: _____

Date: _____

Dean, OYA Graduate School of Business

PART V (*For Office Use Only*)

Received: _____

Appointment of Examiners: _____

Thesis/Dissertation Submitted to Examiners: _____ Viva: _____