

Pusat Pengajian Siswazah / Centre for Graduate Studies
Universiti Malaysia Sarawak

Nomination of Thesis Examiner's Panel

Faculty/Centre/Institute :

(I) Student Details

Name :

ID of Candidate :

Date of Registration :

Program :

Fields of Study :

(II) Supervision of Thesis Details

Title of Thesis :

Expected Date of Submission :

Supervisor :

(III) Nomination of Thesis Examiner's Panel

Internal Examiner :

External Examiner** :

**** Please provided CV and address, telephone and fax no and email of external examiners**

Approved by Faculty/Centre/Institute

Dean/Director
Official Stamp and Signature

Date: _____