



NOTICE OF INTENTION TO SUBMIT THESIS

IMPORTANT: This Notice must be submitted not later than three (3) months before the submission of the dissertation/thesis for examination.

SECTION A: TO BE COMPLETED BY STUDENT

1. Full Name: _____
2. Matric No.: _____
3. Degree Programme: _____
4. Supervisor(s) : _____

4. Number of Registered Semesters (including this): _____
5. School : _____
6. Dissertation/Thesis Title (use CAPITAL LETTERS):

Student's Signature

Date

SECTION B: VERIFICATION BY SUPERVISOR

I hereby verify that _____ (*student's name*)
_____ (*matric No.*) is in the final phase of his/her dissertation/thesis and shall be eligible to submit the dissertation/thesis for examination within three (3) months from the date of this Notice.

I propose the following candidates as potential Examiners who have indicated their acceptance and are eligible for the appointment which is subject to the University Senate approval (Note: Master's Degree dissertation must be examined by at least two (2) examiners, one of whom shall be the External Examiner; For a Ph.D. degree, the thesis must be examined by at least three (3) examiners, two (2) of whom must be External Examiners. External Examiner is considered as one who is from outside the School, preference will be given to nominees from outside UIM.

| Name (With Title, e.g. Prof., Associate Prof., Dr., etc.) | Name of Institution | Contact (Telephone and email) |
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Supervisor's Signature and Official Stamp

Date

SECTION C: VERIFICATION BY THE HEAD OF SCHOOL

I have recommend the Notice of Intention to Submit Dissertation/Thesis and also the nominees for examiners, as proposed by the Supervisor.

Signature and Official Stamp
Head of School

Date

IMPORTANT: This form contains classified information and is classified as CONFIDENTIAL. This form must be submitted in a sealed envelope by the above-mentioned School ONLY to the Learning Management Section of the Academic Management and Quality Assurance Division.

SECTION D: FOR OFFICE USE OF LEARNING MANAGEMENT SECTION, DIVISION OF ACADEMIC MANAGEMENT AND QUALITY ASSURANCE

Received by:

Signature: _____

Officer's Name: _____

Date: _____

To be tabled at Post-Graduate Committee/ Senate Meeting at (date): _____