



**Pusat Pengajian Siswazah
Centre for Graduate Studies**

Nomination of Thesis Examiner's Panel

Faculty/Centre/Institute :

(I) Student Details

Name :

ID of Candidate :

Date of Registration :

Program :

Field 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 provide CV/Resume, address, telephone and fax number and email of external examiners**

Approved By:

**Dean / Director
 Faculty/Centre/Institute
 Official Stamp and Signature**

 Date