



Centre for
Graduate Studies

APPLICATION FOR VIVA-VOCE

This form is to be submitted to Centre for Graduate Studies (CGS) **three (3) months** before the expected date of thesis submission together with **thesis abstract** (in Bahasa Melayu and English Language)

PART 1: To be completed by the Candidate

| | | | |
|------------------------------------|----------|--------------------------|--|
| Candidate's Name | | IC No. / Passport No. | |
| Matric No. | | Faculty | |
| Email | | Contact No. | |
| Programme | | Intake | |
| Supervisor 1 | | | |
| Supervisor 2 | (if any) | | |
| Supervisor 3 | (if any) | | |
| Title of thesis | | | |
| Expected date of thesis submission | | | |

| | | |
|------------------------|--------|--------|
| Candidate's signature: | Name : | Date : |
|------------------------|--------|--------|

**PART 2: To be completed by Principal Supervisor
(Please attach Curriculum Vitae of The Examiner(s))**

| a. Recommended INTERNAL EXAMINER | | |
|---|----------------------|-----------------------|
| Name | Position and Faculty | Address & Contact No. |
| 1. | | |
| 2. | | |

| b. Recommended EXTERNAL EXAMINER (by research programme) | | |
|---|------------------------|-----------------------|
| Name | Position and Institute | Address & Contact No. |
| 1. | | |
| 2. | | |
| (Alternate Examiner) 3. | | |

| | | |
|-----------|------------------------------|------|
| Signature | Name of Principal Supervisor | Date |
|-----------|------------------------------|------|

PART 3: RECOMMENDED BY FACULTY

I hereby certify that the above nominated candidates for Examiners are in compliance with the UNISEL's selection criteria of appointing the examiners:

- Academic Qualification as mentioned in the Centre for Graduate Studies: Code of Practice
- Examiner-Supervisor Collaboration

| | | |
|-----------|-------------------------------|------|
| Signature | Designation/ Official Stamp : | Date |
|-----------|-------------------------------|------|

***Signed by Coordinator/TDP/TDA/Dean**

PART 4 : CENTRE FOR GRADUATE STUDIES (CGS) OFFICE USE ONLY

| | | |
|-----------------|-------|-------|
| CGS Signature : | Name: | Date: |
|-----------------|-------|-------|