To : The Dean, School of Postgraduate Studies

|  |  |  |  |
| --- | --- | --- | --- |
| Student Name |   | Student ID |  |
| Contact No. |  |
| Email  |  |
| Address |  |
| School |    |
| Programme |    |
| Intake (month/year) |    |
| Name of Supervisor |  | Contact No. |  |
| Name of Co-Supervisor (if any) |  | Contact No. |  |
| Name of Co-Supervisor 2 (if any) |  | Contact No. |  |
| Name of Co-Supervisor (External) (if any) |  | Email of Co-Supervisor (External) |  |

***Important Note:***

*The* ***Notification of Intent to Submit Thesis/Dissertation for Examination*** *must be submitted to the University of Technology Sarawak’s School of Postgraduate Studies at least three (3) months before submission of your thesis. Please submit thesis abstract of no more than 250 words.*

**Declaration by Candidate**

I hereby give notice that I intend to submit my thesis/dissertation for examination on \_\_\_\_\_\_\_\_\_\_\_\_.

The tittle of my thesis/dissertation:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 (Student Signature) (Date)

**Recommendation by Supervisory Committee**

I hereby (Agree/Not Agree) to the submission of Notification of Intent to Submit Thesis/Dissertation for Examination.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Main Supervisor

Name:

Date:

I hereby (Agree/Not Agree) to the submission of Notification of Intent to Submit Thesis/Dissertation for Examination.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Co-Supervisor I (if any)

Name:

Date:

I hereby (Agree/Not Agree) to the submission of Notification of Intent to Submit Thesis/Dissertation for Examination.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Co-Supervisor (if any)

Name:

Date:

*\*Please delete whichever is not applicable*

***For office use only:***

Received by : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Signature)

Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_