

**POSTGRADUATE PROGRAMME
THESIS SUBMISSION FORM (for Structure A only)**

PART I: THESIS SUBMISSION - TO BE COMPLETED BY THE CANDIDATE. (Please tick (✓) the relevant)	
FULL NAME:	ID NUMBER:
PROGRAMME:	FACULTY:
MODE OF STUDY:	NATIONALITY:
PERSONAL EMAIL:	MOBILE PHONE NO.:
DATE OF INITIAL REGISTRATION:	END OF CANDIDATURE:
CORRESPONDENCE ADDRESS:	
PART II: STUDENT DECLARATION - TO BE COMPLETED BY THE CANDIDATE.	
<p>I wish to submit the above- mentioned thesis for examination in compliance with the regulations for the above degree.</p> <p>I certify that the work has been done by myself and has not been submitted elsewhere for the award of any degree or qualification. Due acknowledgment has been made to the work of others.</p> <p>I hereby declare that pursuant to the provisions of the Copyright Act 1987 (the Act) that I shall not during my candidature at the University or thereafter engage in any unauthorised act of copying or reproducing or attempt to copy / reproduce or cause to copy / reproduce or permit the copying / reproducing or the sharing and / or downloading of any copyrighted material or an attempt to do so whether by use of the University's facilities or outside networks / facilities whether in hard copy or soft copy format, of any material protected under the provisions of sections 3 and 7 of the Act whether for payment or otherwise save as specifically provided for therein. This shall include but not be limited to any lecture notes, course packs, thesis, text books, exam questions, any works of authorship fixed in any tangible medium of expression whether provided by the University or otherwise.</p> <p>I further undertake as an authorized user of any and/or all the systems within and/or outside MMU including but not limited to ICEMS, MMLS, MYREN etc. not to: -</p> <ul style="list-style-type: none"> a) damage any system; b) obtain extra resources not authorized to these systems' user; c) deprive another user of authorized resources; and d) gain unauthorized access to systems by use of a special password, another user's password and / or exploiting loopholes in these systems' security system. <p>I hereby further declare that in the event of any infringement of the provisions of the Act whether knowingly or unknowingly the University shall not be liable for the same in any manner whatsoever and undertake to indemnify and keep indemnified the University against all such claims and actions. In the event of any infringement of the provisions of the Copyright Act 1987 whether knowingly or unknowingly the University shall not be liable for the same in any manner whatsoever and any individual, student, organization, body or group of students of the University shall be personally liable for all such acts of infringement and shall undertake to indemnify and keep indemnified the University against all such claims and actions.</p>	
SIGNATURE OF CANDIDATE: _____	
DATE: ___/___/___ dd mm yr	

PART III: THESIS FORMAT CHECKING

Check and verified by IPS: -

NAME : _____ SIGNATURE AND OFFICIAL STAMP: _____

DATE : _____

PART IV: VERIFICATION FROM SUPERVISOR & CO-SUPERVISOR**SUPERVISOR:**

I certify that the candidate has complied with the regulations for the above degree and the thesis is ready for examination.

NAME OF SUPERVISOR: _____ SIGNATURE AND OFFICIAL STAMP: _____

DATE: _____

CO-SUPERVISOR:

I certify that the candidate has complied with the regulations for the above degree and the thesis is ready for examination.

NAME OF SUPERVISOR: _____ SIGNATURE AND OFFICIAL STAMP: _____

DATE: _____

ENDORSED BY DEAN OF FACULTY:

DEAN OF FACULTY: _____ SIGNATURE AND OFFICIAL STAMP: _____

DATE: _____

PART V - PAYMENT OF THE THESIS EXAMINATION FEE - To be completed by the Finance Division.

A) I confirm that I have received the thesis examination fee of (Please tick (/) as appropriate):

	Registered before 1st January 2006		Registered on and after 1st January 2006		Registered on and after 1st June 2007	
	Local	International	Local	International	Local	International
MASTER	<input type="checkbox"/> RM450	<input type="checkbox"/> RM450	<input type="checkbox"/> RM750	<input type="checkbox"/> RM862.50	<input type="checkbox"/> RM750	<input type="checkbox"/> RM900
Ph.D.	<input type="checkbox"/> RM600	<input type="checkbox"/> RM600	<input type="checkbox"/> RM2,500	<input type="checkbox"/> RM2,875	<input type="checkbox"/> RM2,500	<input type="checkbox"/> RM3,000

B) All fees have been paid (Please tick (/) as appropriate):

<input type="checkbox"/> Tuition Fee	<input type="checkbox"/> Extension (if any)	<input type="checkbox"/> Reinstatement (if any)
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Endorsed by:

Name: _____

Signature: _____

Designation: _____

Date: _____

Payment can be made via MMU E-payment. To begin payment process please click below link <https://bit.ly/3i7hRml>.Once completed please share the copy of payment including the thesis submission form to ar@mmu.edu.my.

PART VI - THESIS RE-EXAMINATION (Following previous examination and on the recommendation of the Board of Examiners and the Senate) - To be completed by the Finance Division.

C) I confirm that I received the thesis re-examination fee of (Please tick (/) as appropriate):

	Registered before 1st January 2006		Registered on and after 1st January 2006		Registered on and after 1st June 2007	
	Local	International	Local	International	Local	International
MASTER	<input type="checkbox"/> RM450	<input type="checkbox"/> RM450	<input type="checkbox"/> RM750	<input type="checkbox"/> RM862.50	<input type="checkbox"/> RM750	<input type="checkbox"/> RM900
Ph.D.	<input type="checkbox"/> RM600	<input type="checkbox"/> RM600	<input type="checkbox"/> RM2,500	<input type="checkbox"/> RM2,875	<input type="checkbox"/> RM2,500	<input type="checkbox"/> RM3,000

D) All fees have been paid (Please tick (/) as appropriate):

<input type="checkbox"/> Tuition Fee	<input type="checkbox"/> Extension (if any)	<input type="checkbox"/> Reinstatement (if any)
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Endorsed by:

Name: _____

Signature: _____

Designation: _____

Date: _____

PART VII: VERIFICATION BY LIBRARY

I confirm that this candidate has returned all books to Multimedia University.

Endorsed by:

Name: _____

Signature: _____

Designation: _____

Date: _____

PART VIII: INSTITUTE FOR POSTGRADUATE STUDIES USE

Received and Verified by IPS Manager/Assistant Manager: -

Name: _____

Signature: _____

Designation: _____

Date: _____

Note:

- (1) The candidate is required to obtain the verification from Supervisors and endorsement from the Dean of Faculty.
- (2) Payment of thesis examination fee must be done before submitting the thesis.
- (3) The Candidate is required to obtain the endorsement from the Finance Division. **Part VI should be completed only for thesis re-submission.**
- (4) The candidate shall submit the form with the following to IPS:
 1. FIVE copies of the comb-bound thesis (for Ph.D. student)
 2. FOUR copies of the comb-bound thesis (for Master's student)
 3. Digital copy (burn into CD) of:
 - Full thesis in PDF Format
 - The originality reports (for each chapter)
 4. Similarity Index form (to be verified by Supervisor(s))