

INSTITUTE FOR POSTGRADUATE STUDIES

POSTGRADUATE PROGRAMME

WORK COMPLETION DEFENCE (WCD) - (for Structure A only)

The Work Completion Defence (WCD) is to evaluate if the student has performed sufficient work for the relevant degree.

IMPORTANT NOTE: The WCD is a pre-requisite for the thesis submission. Upon submitting the WCD form, the candidate must affirm that their research work is fully completed and that they aim to submit the complete thesis within a maximum period of **6 MONTHS**. Please note that the actual thesis submission should take place only after the Senate has approved the thesis title.

PART I: TO BE FILLED BY THE CANDIDATE													
FULL NAME:		ID NUMBER:											
PROGRAMME:		FACULTY:											
MODE OF STUDY:		NATIONALITY:											
PERSONAL EMAIL:		MOBILE PHONE NO.:											
DATE OF REGISTRATION:		END OF CANDIDATURE:											
EARLY SUBMISSION:	<input type="checkbox"/> Yes <input type="checkbox"/> No												
TOTAL NO. OF DAYS RESIDING IN MALAYSIA:	_____ DAYS (Residential Requirement: Applicable to International Students only)												
CHECKLIST BY CANDIDATE:													
No	Items	Tick (✓)											
1	All pre-requisite courses and Proposal Defence have been completed and passed. Please fill up the date of completion for the following assessment/courses: <table border="1" data-bbox="280 1169 1197 1415"> <thead> <tr> <th>Assessments/Courses</th> <th>Date of Completion</th> </tr> </thead> <tbody> <tr> <td>Proposal Defence (Passed):</td> <td></td> </tr> <tr> <td>Entrepreneurship & Commercialisation:</td> <td></td> </tr> <tr> <td>Research Methodology:</td> <td></td> </tr> <tr> <td>Others (if applicable):</td> <td></td> </tr> </tbody> </table>	Assessments/Courses	Date of Completion	Proposal Defence (Passed):		Entrepreneurship & Commercialisation:		Research Methodology:		Others (if applicable):			
Assessments/Courses	Date of Completion												
Proposal Defence (Passed):													
Entrepreneurship & Commercialisation:													
Research Methodology:													
Others (if applicable):													
2	The candidature is Active during the time the WCD is undertaken.												
3	The draft thesis, which includes all chapters, is prepared and attached to this form. Refer to "Guidelines for Preparation of Thesis" on IPS website for the thesis template: https://ips.mmu.edu.my/downloads/one-stop-student-portal/												
4	All fees and dues owed to the university have been paid. Please attach proof of zero (0) outstanding balance.												
5	I acknowledge the requirement to fulfil the publication requirement as outlined in the Postgraduate Handbook. For Publication Requirements, kindly refer to the Postgraduate Handbook (https://ips.mmu.edu.my/downloads/postgraduate-handbook/)												
6	My VISA is valid during the time the WCD is undertaken (Applicable to International Students only).												
7	I acknowledge the requirement to fulfil the academic residential requirement (Applicable to International Students only).												

SIGNATURE OF CANDIDATE: _____

DATE (dd/mm/yy): ____/____/____

PART II: TO BE FILLED BY THE SUPERVISORS

CHECKLIST BY SUPERVISOR:

No	Items	Tick (✓)
1	The draft thesis adheres to the guidelines as stipulated by the university and meets the necessary standards for examination by the Work Completion Defence (WCD) panel.	
2	The CVs of the proposed examiners are attached with this form for the consideration of the WCD Expert Panel. The CVs must be presented in the approved template which can be obtained from the Faculty Assistant Managers.	

VERIFICATION BY SUPERVISORS:

We hereby verify that the candidate has undertaken sufficient work. The candidate's draft thesis is complete and meets the standard, and the CVs of qualified examiners in the field of the candidate's research work are attached for submission.

SIGNATURE AND OFFICIAL STAMP: _____
(Supervisor)

DATE (dd/mm/yy): ____/____/____

SIGNATURE AND OFFICIAL STAMP: _____
(Co-Supervisor)

DATE (dd/mm/yy): ____/____/____

PART III: FACULTY ASSISTANT MANAGER - BEFORE WORK COMPLETION DEFENSE**CHECKLIST BY FACULTY ASSISTANT MANAGER:**

No	Items	Tick (✓)
1	Verified that the candidature of the candidate is still ACTIVE.	
2	Verified that all pre-requisite courses and Proposal Defence have been completed and passed.	
3	Verified that the draft thesis , which includes all chapters, is attached to this form.	
4	Verified that all fees and dues owed to the university by the candidate have been paid up.	
5	Verified that the candidate's VISA is VALID during the WCD undertaken (For International Students only).	
6	Received complete CV of proposed examiners by the supervisors.	

Note: Failure to meet any of the specified criteria will render the candidate ineligible to proceed with the WCD. Consequently, the form will be considered incomplete. In such instances, both the candidate and supervisors should be promptly notified. The student is required to submit a new form to the Supervisors and Faculty once all the criteria have been successfully fulfilled.

ELIGIBILITY OF THE CANDIDATE TO PROCEED:

Eligibility	Tick (✓)
The candidate is eligible for WCD.	
The candidate is NOT eligible for WCD. (Note: <i>In such cases, the candidate and supervisors should be notified</i>) Remarks: _____	

WORK COMPLETION DEFENSE ARRANGEMENT:**Date(s) of current WCD and previous attempts (if any):**

1 st ATTEMPT:	
2 nd ATTEMPT (if any):	
3 rd ATTEMPT (if any):	

IMPORTANT NOTE: If this is not the candidate's first attempt, the previous WCD report(s) should be submitted to the Expert Panels.

Appointment of Expert Panel:

Expert Panel 1:	
Expert Panel 2:	

SIGNATURE AND OFFICIAL STAMP: _____
(Faculty Manager/Assistant Manager)

DATE (dd/mm/yy): ____/____/____

PART IV: OUTCOME – To be filled by the EXPERT PANELS

1. PROPOSED THESIS TITLE (must be reflected in the Appointment of Examiners form):

2. HAS DEMONSTRATED SUFFICIENT WORK FOR THE DEGREE IN CONSIDERATION?
(*If NO, recommendations must be given. Attach a separate sheet if necessary)

☐ Yes ☐ No

Comments:

3. DOES THE DRAFT THESIS SHOW SUFFICIENT EVIDENCE THAT IS BEING PREPARED IN A WAY THAT CONFORMS TO THE THESIS GUIDELINES AND GOOD PRACTICE IN THESIS WRITING?
(*If NO, recommendations must be given. Attach a separate sheet if necessary)

☐ Yes ☐ No

Comments:

4. ARE THE PROPOSED EXAMINERS SUITABLY QUALIFIED TO ASSESS THE CANDIDATE'S THESIS?
(*If NO, the list of examiners and corresponding CV are to be revised to the satisfaction of the Expert Panels)

☐ Yes ☐ No

Comments:

FINAL DECISION BY EXPERT PANEL:

☐ SATISFACTORY ☐ NOT SATISFACTORY

If NOT SATISFACTORY, please state the recommended period before the next WCD should be arranged: _____

The undersigned EXPERT PANEL members hereby verify that the decisions summarized in this form are in agreement with the individual reports and that the decisions reflect that of the panel.

CHAIRMAN (Deputy Dean R&D):	Signature & Stamp: _____ Date: _____
EXPERT 1 (with PhD):	Signature & Stamp: _____ Date: _____
EXPERT 2:	Signature & Stamp: _____ Date: _____
SENATE REP (for early submission only):	Signature & Stamp: _____ Date: _____

INVITED (NON-VOTING) MEMBERS:**SUPERVISOR:**

Signature & Stamp: _____ Date: _____

CO-SUPERVISOR (if any):

Signature & Stamp: _____ Date: _____

ENDORSED AND VERIFIED BY DEAN OF FACULTY:SIGNATURE AND OFFICIAL STAMP: _____ DATE (dd/mm/yy): ____/____/____
(Dean of Faculty)**PART V: FOR INSTITUTE FOR POSTGRADUATE STUDIES OFFICE USE**

Received and Verified by IPS Manager/Assistant Manager: -

SIGNATURE AND OFFICIAL STAMP: _____ DATE OF RECEIVED (dd/mm/yy): ____/____/____