

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 <u>3 MONTHS</u>. Please note that the actual thesis submission should take place only after the Senate has approved the thesis title.

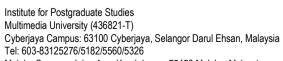
PART I: TO BE FILLED BY THE CANDIDATE						
FULL NAME:		AME:		ID NUMBER:		
PROGRAMME:		AMME:		FACULTY:		
MC	DDE (OF STUDY:		NATIONALITY:		
PE	RSO	NAL EMAIL:		MOBILE PHONE NO.:		
DA	TE O	F REGISTRATION:		END OF CANDIDATURE:		
ΕA	RLY	SUBMISSION:	□ Yes □ No			
TOTAL NO. OF DAYS RESIDING IN MALAYSIA:			DAYS (Residential Requirement: Applicable to International Students only)			
CH	IECK	LIST BY CANDIDATE:				
	No	Items				Tick (✓)
	1		and Proposal Defence have been completed an completion for the following assessment/cours			
			Assessments/Courses	Date of Completion		
		Proposal Defence	e (Passed):			
		Entrepreneurship & Commercialisation:				
		Research Methodology:				
		Others (if applica	ble):			
	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 t	fees and dues owed to the university have been paid. Please attach proof of zero (0) outstanding balance.			
	5		ement to fulfil the publication requirement as out er to the Postgraduate Handbook (<u>https://ips.mm</u>			
	6	My VISA is valid during t	ring 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).				

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Url: http://www.mmu.edu.my

SIGNATURE OF CANDIDATE: DATE (dd/mm/yy):/_				
PAR	T II: TO	BE FILLED BY THE SUPERVISORS		
CHE	CKLIST	BY SUPERVISOR:		
	No	Items		Tick (✓)
	1	The draft thesis adheres to the guidelines as stipulated by the university and me for examination by the Work Completion Defence (WCD) panel.	ets the necessary standards	
	2	The CVs of the proposed examiners are attached with this form for the consideral Panel. The CVs must be presented in the approved template which can be obtain Assistant Managers.		
We hereby verify that the candidate has undertaken sufficient work. The candidate's draft thesis is complete and meets the second qualified examiners in the field of the candidate's research work are attached for submission. SIGNATURE AND OFFICIAL STAMP: DATE (dd/mm/yy):/				
SIGNATURE AND OFFICIAL STAMP: DATE (dd/mm/yy):/ (Co-Supervisor)				



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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: In such cases, the candidate and supervisors should be notified)		
Remarks:		

WORK COMPLETION DEFENSE ARRANGEMENT:

1st ATTEMPT:

2nd ATTEMPT (if any):

Date(s) of current WCD and previous attempts (if any):

	3 rd ATTEMPT (if ar	y):						
ИΡ	MPORTANT NOTE: If this is not the candidate's first attempt, the previous WCD report(s) should be submitted to the Expert Panels.							
pp	ppointment of Expert Panel:							
	Expert Panel 1:							
•	Expert Panel 2:							
IGN	NATURE AND OFFIC	IAL STAMP:	DATE (dd/mm/yy):	1	1			

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(Faculty Manager/Assistant Manager)

A TIM University

PAR	T IV: OUTCOME – To be filled by the EXP	ERT 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)				
	Comments:				
3.	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) Comments:				
4.	ARE THE PROPOSED EXAMINERS SUITABLY QUALIFIED TO ASSESS THE CANDIDATE'S THESIS? Yes No (*If NO, the list of examiners and corresponding CV are to be revised to the satisfaction of the Expert Panels) Comments:				
FINA	L DECISION BY EXPERT PANEL:	NOT SATISFACTORY			
The	T SATISFACTORY, please state the recoundersigned EXPERT PANEL members he ts and that the decisions reflect that of the p	reby verify that the decisions summarize	should be arranged:ed in this form are in agreement with the individual		
СН	AIRMAN (Deputy Dean R&D):	Signature & Stamp:	Date:		
EXPERT 1 (with PhD):		Signature & Stamp:	Date:		
EX	PERT 2:	Signature & Stamp:	Date:		
SENATE REP (for early submission only):		Signature & Stamp:	Date:		

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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: (Dean of Faculty)		DATE (dd/mm/yy):/		
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):/			

