



EXAMINER'S CONSENT FORM

INSTRUCTIONS

To Kulliyah Postgraduate Administrator:

Please identify category of the examiner and fill in the details of the student before sending the form to the examiner.

PhD

Master

Internal Examiner I

External Examiner I

Internal Examiner II

External Examiner II

To Examiner: xxxx

Dear Examiner,

In view of your vast contribution in the related research field, we would like to nominate you as one of the examiner to evaluate a dissertation/thesis prepared by the postgraduate student named below.

Name of student :

Matric number :

Programme :

Thesis Title for Examination (English):

Thesis Title for Examination (Arabic):

Thesis abstract:

I, _____ hereby
(Examiner's name)

(Please (✓) Tick Your Decision Appropriately)

<input type="checkbox"/>	ACCEPT
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<input type="checkbox"/>	REJECT
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the nomination to examine the thesis.

If you agree to accept the nomination:

- i. Please return this form together with your latest CV containing your contact details for future use.
- ii. You will be receiving the appointment letter and thesis soon as the University Senate endorses your appointment. Please indicate whether hard bound/softcopy in PDF version of thesis is preferred.

<input type="checkbox"/>	HARD BOUND
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<input type="checkbox"/>	SOFTCOPY IN PDF
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- iii. As an examiner, you will be given **30 days to evaluate a Master dissertation** or **45 days to evaluate a PhD thesis**. If you are unable to complete the report within the stipulated period, a maximum extension of 2 weeks may be given (subject to discretion of the Centre for Postgraduate Studies).

Thank you.

Examiner's Signature : _____ Date : _____

Examiner's Official Stamp :

Kindly return this EXAMINER'S CONSENT FORM to:

Deputy Dean (Postgraduate and Research)
Kulliyah of Allied Health Sciences
International Islamic University Malaysia
Jalan Sultan Ahmad Shah, Bandar Indera Mahkota
25200 Kuantan, Pahang Darul Makmur, Malaysia
Tel : +609 570 5206 / 5219
Fax : +609 571 6776
Email : kahsddpgr@iium.edu.my

OFFICE USE ONLY

Date Received	Action / Remarks