



UNIVERSITY OF MALAYA
FINAL SUBMISSION FOR THESIS/DISSERTATION/RESEARCH REPORT

SECTION A – CANDIDATE'S PARTICULARS (TO BE COMPLETED BY THE CANDIDATE)

Name: _____

Programme: _____ Matric No.: _____

Correspondence Address: _____

Telephone No.: _____ (Office) Email Address: _____
_____ (Mobile)

Title of Thesis/Dissertation/Research Report (Block letters) _____

SECTION B – SUPERVISOR'S DECLARATION (TO BE COMPLETED BY THE SUPERVISOR(S))

I have checked the candidate's Thesis/Dissertation/Research Report and hereby certify that the candidate has done all corrections suggested by the Examiner's Committee.

_____ First Supervisor Signature	_____ Second Supervisor Signature	_____ Third Supervisor Signature
Name: _____	Name: _____	Name: _____
Date: _____	Date: _____	Date: _____

SECTION C – HEAD OF DEPARTMENT'S APPROVAL (TO BE COMPLETED BY THE HEAD OF DEPARTMENT)

I have checked the candidate's Thesis/Dissertation/Research Report and hereby certified that the candidate has done and corrections suggested by the Examiner's Committee.

_____ Head of Department's Signature	_____ Head of Department's Official Stamp	_____ Date
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SECTION D – FINAL SUBMISSION OF THESIS/DISSERTATION/RESEARCH REPORT

(To be filled by the candidate. Please ensure that Section B and Section C has been filled and signed before submitting the Thesis/Dissertation/Research Report to the Assistant Registrar).

To The Assistant Registrar

Dear Sir/Madam,

I hereby submit ~~one (1)~~ ^{two (2)} copies of my Thesis/Dissertation/Research Report in a hardbound cover and a (1) set of softcopy version (in PDF format) which has been approved by the supervisor(s) and Head of Department.

Thank you.

Candidate's Signature

Date

UM-PT01-PK02-BR011(BI)-S02

INSTITUTE OF MATHEMATICAL SCIENCES
UNIVERSITI MALAYA
M.SC. IN STATISTICS

NOTICE OF REPORT SUBMISSION

STUDENT INFORMATION

Name : _____

Student ID : _____

Email : _____

SUPERVISOR

Name : _____

INFORMATION ABOUT THE RESEARCH PROJECT

Title : _____

Abstract (~ 100 words)

Name of Supervisor : _____

Name of Internal Examiner: _____

SIGNATURES:

Student: _____ Date: _____

Supervisor: _____ Date: _____

INSTITUTE OF MATHEMATICAL SCIENCES
UNIVERSITI MALAYA
M.SC. IN STATISTICS

PROJECT REGISTRATION FORM

STUDENT INFORMATION

Name : _____

Student ID : _____

Email : _____

SUPERVISOR

Name : _____

INFORMATION ABOUT THE RESEARCH PROJECT

Research Area : _____

Period : From: Semester _____ session _____ until

Semester _____ session _____

SIGNATURES:

Student: _____ Date: _____

Supervisor: _____ Date: _____

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M.SC. IN STATISTICS

RECORD OF MEETINGS FOR
RESEARCH PROJECT

STUDENT INFORMATION

Name : _____

Student ID : _____

Supervisor : _____

Date of Meeting	Comments	Signature of Supervisor