|  |  |
| --- | --- |
| / | Remarks / Date |
|  |  |
|  |
|  |
|  |
|  |  |
|  |  |
|  |  |
|  |  |

**CHECKLIST APPLICATION FOR PRE VIVA (BEFORE PRE VIVA) – COMPLETED BY STUDENT**

1. **RE-REGISTRATION** (Student must complete re-registration for the current semester)
2. **PUBLICATION** (A copy of each paper with UMPIR registration number must be attached)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Program** | **DSS** | **GRS** | **DRS/MRS** | **Regular Student** |
| **PhD** | **1 peer review**  **1 ISI journal**  **1 ISI Impact Factor** | **1 peer review**  **1 ISI journal**  **1 ISI Impact Factor** | **1 peer review**  **2 Scopus**  **OR**  **1 peer review**  **1 Scopus**  **1 ISI** | **2 peer review**  **AND**  **1 journal article** |
| **Master** |  | **1 peer review**  **1 ISI Impact Factor** | **1 peer review**  **1 Scopus** | **1 peer review** |
| **Remark (/)** |  |  |  |  |

1. **GRADUATION REQUIREMENT**
2. Pass the requirement of proposal defense
3. Present the faculty colloquium
4. Pass the prerequisite courses (if any) as determined by the faculty
5. Fulfill the minimum duration of candidature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

Name :

Student’s Id. No :

Date :

Verified by,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Main Supervisor’s Signature & Official Stamp

Name :

Date :