

Prof. Dr. Ida Madieha Abdul Ghani Azmi
Dean of Centre for Postgraduate Studies
International Islamic University Malaysia
Level 2, Muhammad Abdul-Raouf Building
Jalan Gombak, Selangor Darul Ehsan

(Attn: Sr. Nur Damia Qistina Berahim)

Dear Prof. Dr.,

ACCEPTANCE OF THE APPOINTMENT AS EXAMINER

Name of Examiner :
Name of Student :
Matric No. :
Programme of Study :
Kulliyah/ Faculty :
Thesis Title :

With regards to the above matter, I would like to confirm that (Please tick (/) where appropriate):

- I acknowledge** receipt of a copy of the thesis as mentioned above together with the appointment letter as the examiner for the thesis.
- I agree to accept** the appointment and will submit the Thesis Evaluation Form on or before the date stipulated by the IIUM.
- I decline** the appointment and will return all the documents together with the PhD Thesis to the address mentioned above.

If you **Decline**, kindly state your reason:

Kindly return the scanned copy of this letter by email at viva_unit_cps@iium.edu.my

Thank you.

Yours sincerely,

(Name & Official Stamp)

(Date)