



Advanced Medical and Dental Institute

**DRAFT DISSERTATION SUBMISSION FORM
(Master of Science (Mixed Mode) / Master of Medical)**

PART A: To be completed by Candidate

1. Name:

2. Master of Science/Medicine*:

3. Supervisor:

4. Co-supervisor:

Together, I have submitted **one (1) copy** of the draft dissertation titled

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5. State **three keywords** for dissertation for the library catalogue

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PART B: Verification of Plagiarism Screening

I hereby declare that I have screened my dissertation draft using plagiarism review application with the similarity index of % (**please attach the report** together with this form).

Student's Signature:

Date:

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ENDORSEMENT BY MAIN SUPERVISOR

PART C: To be completed by Main Supervisor

Supervisor's Name :

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I have examined the dissertation of Mr. /Mrs. /Ms.:

I hereby confirm that:

I have read and satisfied with the plagiarism review screening report.

I am satisfied with the progress achieved by the candidate in terms of quality of the work presented and therefore have no hesitation in recommending that the thesis be submitted for examination.

I do not agree that the thesis be submitted for examination; and

Other comments on the submission of dissertation (if any):

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Date:

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Note:

Candidates are required to return the form with draft dissertation to the AMDI Academic Office not later than the predetermined date.