



INSTITUTE OF POSTGRADUATE STUDIES
UNIVERSITI KUALA LUMPUR

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THESIS DRAFT SUBMISSION FORM

SECTION A: TO BE FILLED BY STUDENT

Name	ANNAPOORNI MANI	Programme	DOCTOR OF PHILOSOPHY
Student ID	51481216003	Campus	MALAYSIAN SPANISH INSTITUTE
Title Thesis (English)	MODELLING SUPPLY CHAIN QUALITY MANAGEMENT USING MARKOV CHAIN AND REINFORCEMENT LEARNING		
Title Thesis (Bahasa Melayu)	PERMODELAN PENGURUSAN KUALITI RANTAI BEKALAN MENGUNAKAN RANTAI MARKOV DAN PEMBELAJARAN PENGUKUHAN		
Please insert the Field of Research for the Academic Transcript Records			
Field of Research (English)	SUPPLY CHAIN MANAGEMENT		
Field of Research (Bahasa Melayu)	PENGURUSAN RANTAIAN BEKALAN		
Declaration:			
I hereby declare that my thesis has been reviewed by the Main Supervisor and Head of Postgraduate Campus, and the comments are as stated in sections B, C, and D.			
Signature:		Date:	

SECTION B: TO BE COMPLETED BY MAIN SUPERVISOR

Supervisor's Name

PROF. DR. SAZALI BIN YAACOB

Campus

MALAYSIAN SPANISH INSTITUTE

I hereby confirm that:

Please tick (/) where applicable.

1.

The thesis format conforms to the requirements of UniKL Postgraduate Thesis Guidelines and therefore recommending the thesis for submission to IPS without further amendments.

2.

The thesis format **did not conform** to the requirements of the latest UniKL Postgraduate Thesis Guidelines and therefore **not recommending** the thesis for submission to IPS.

3.

Turnitin Report Similarity index not more than 20%
Note: Please attached the report with the thesis draft submission form.

Signature & Official stamp:

Date:

SECTION C: TO BE COMPLETE BY *HEAD OF POSTGRADUATE/HEAD OF RESEARCH

Recommendation:

Please tick (/) where applicable.

** If the Head of Postgraduate/Head of Research is the Main Supervisor or Co-Supervisor where the student is registered, the endorsement of Section C will be signed by Dean of Campus.*

1.

Recommended

2.

Not Recommended

Signature & Official stamp:

Date:

**SECTION D: TO BE COMPLETED BY DEAN/DEPUTY DEAN OF INSTITUTE
POSTGRADUATE STUDIES**

I hereby:

Please tick (/) where applicable.

1.	Endorse the recommendations made by the Main Supervisor and Head of Postgraduate/Head of Research as stipulated in Section B and C above	
2.	I do not agree that the thesis be submitted for examination (please justify):	

Signature & Official stamp:

Date:

Section E: IPS

Received by:						
Thesis Fee:	Paid:		Not Paid:		Receipt Attachment:	
Staff Name:						
Date:						

** Please tick (/) where applicable.*

***Only complete form will be processed*