



GRADUATION FORM

Students are required to fill in this form with correct details to facilitate the conferment of their degree By Coursework: -

Faculty / Institute	
Programme	
Degree Name	

Please write your full name in the boxes provided (each alphabet in a box) as in your Identity Card or Passport.

(In Block Letter)

IC No/Passport:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Correspondence Address

CONFIRMATION BY STUDENT

I have completed all the _____ total credit hours and fulfilled all the requirements to graduate. I hereby would like to apply for confirmation of completion of the course and to graduate on: _____

Student Signature

Date

CONFIRMATION OF COURSE COMPLETION (Office Use ONLY)

This is to certify that the above-named student has completed the course and is qualified to be considered to graduate, depending on the result of the final semester.

Coordinator Signature and Stamp

Date

Received by Centre for Graduate Studies on _____

Staff No: _