



GRADUATION FORM

Students are required to fill in this form with the correct details to facilitate the award of their degree and certificate.

Title of Thesis	
Programme	
Field of Study	
Faculty/ Institute	
Identity Card or Passport	
Degree	

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

(In Block Letter)

Correspondence Address (Please inform us immediately of any changes.)

Signature of the Candidate		Date

Acknowledgment Signature on behalf of the Centre for Graduate Studies		Date