

CENTRE FOR POSTGRADUATE STUDIES

IIUM-CPS-EXM05

Ver / Rev: 02 / 01 Eff. Date: 1 June 2018 (UCPS Meeting No. 5 / 2018)

## APPLICATION FORM FOR GRADUATION

## Instructions: Please fill in this form in BLOCK LETTERS and submit to the Centre for Postgraduate Studies three (3) months before your intended date of graduation (mode by coursework only) or when you have submitted your research work (modes by research only, by coursework and research and clinical specialist training). SECTION A: STUDENT'S INFORMATION (TO BE FILLED BY THE STUDENT) Name to be appeared on the degree (please attached a copy of identity card/ passport) Matric No. I/C or Passport No. Gender M F **Permanent Address** State/Province City/Town **Post Code** Country Contact No. (including area code) **Email Address 1** Correspondence Address City/Town State/Province **Post Code** Country Contact No. (including area code) Email Address 2 (if any) Degree Sought Specialization (if any) Structure of Programme chosen (Please tick) Coursework Only Coursework and Research Research Only Clinical Specialist Training Graduating Semester: Semester 1 Semester 2 Semester 3, Academic Year 20 \_\_\_\_/ 20 \_ Do you intend to attend the Convocation Ceremony? Do you intend to attend the Hooding Ceremony? Yes Signature Date SECTION B: TO BE COMPLETED BY THE DEPUTY DEAN (POSTGRADUATE) OF THE CENTRE OF STUDIES We certify that the above-named student has completed all the graduation requirements for his/her degree. Date:

## Signature & Stamp:

## SECTION C : OFFICE USE (CENTRE FOR POSTGRADUATE STUDIES) Action/ Remarks: Date: