



B/BD05/0325/V8

APPLICATION FOR CONFERMENT OF DEGREE/DIPLOMA

Name Of Student :

IC Number : Gender : Male/Female

Email Address :

Mobile Number : Matric Card No. :

Programme : Faculty :

Address :

**** TOTAL CREDITS ACHIEVED:**

Signature : Date :

DECLARATION BY FACULTY OFFICE

I certify that the student's name above is qualified/ not qualified to be conferred the Degree/Diploma.

(Please specify the reason (s) if not qualified):

Signature Head of Program: Date:

Official Stamp:

APPROVED BY:

Signature Dean's/Deputy Dean's Signature:

Date:

Official Stamp:

FOR DEPARTMENT OF ACADEMIC MANAGEMENT USE ONLY

RECEIVED BY:

Signature : Date :

Name :