

Postgraduate Section

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UMS
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APPLICATION FORM FOR PRE VIVA VOCE

Student Name	
Student ID	
Number of semester registered	
Programme	<input type="checkbox"/> MSc <input type="checkbox"/> PhD
Mode of study	<input type="checkbox"/> Full time <input type="checkbox"/> Part time
Field/ Specialization	
Title of thesis	
Contact number	
Proposed date of viva voce	
Applicant signature and date	
Supervisor's signature	