

## CENTRE FOR POSTGRADUATE STUDIES GRADUATION FORM

Please fill in the form in BLOCK LETTERS and submit to the Centre for Postgraduate Studies at least **3 months** before your intended date of graduation or when submitting your research work (if you are doing research).

Name (exactly as you wish it to appear on your degree)		
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Matric No. I/C or Passport No.	Gender M F	
Current Mailing Address		
City/Town State/Province		
State/110VIIIC		
Post Code Country		
Current Telephone No. (including area code) Current F	ay No	
Current relephone No. (including area code)		
Permanent Mailing Address (to contact you for alumni member	rship)	
City/Town State/Province		
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Post Code Country		
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Current Telephone No. (including area code)  Current F	ax no.	
E-mail Address		
Degree Sought		
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Specialization

Structure of Programme chosen (Please tick one)	
Coursework & Research Coursework only	
Graduating Semester	
End Semester 1 2 3 Academic Year 20/ 20	
Do you intend to attend the convocation ceremony? Yes No	
I confirm that the above information is true.	
Signature Date	
SECTION B: TO BE COMPLETED BY THE DEPUTY DEAN (POSTGRADUATE) OF THE KULLIYYAH	HE
We certify that the above-named student has completed all the graduation requirements for his/her d	legree.
Signature & Stamp : Date :	
SECTION C: OFFICE USE (CENTRE FOR POSTGRADUATE STUDIES)	
Date Received	
Action / Remarks:	