

SUBMISSION OF CORRECTION AFTER VIVA VOCE

- i. This form must be submitted along with a softcopy of the thesis in Word format (1 file) and PDF format (1 file).
- ii. Please ensure the submitted thesis complies with the format as outlined in the thesis writing guidelines on the CGS website.

PART 1 – CANDIDATE'S DETAILS (TO BE COMPLETED BY THE CANDIDATE)

Name					
Student ID.					
Email					
Contact No.					
Programme					
Faculty					
Principal Supervisor					
Co-Supervisor	(if any)				
Title of thesis/ Dissertation					
Date of Viva Voce		Result of Viva Voce		Duration of Correction	

**PART 2 – DETAILS OF CORRECTION
 (TO BE COMPLETED BY THE CANDIDATE)**

Internal Examiner (I): _____

No.	Before Correction		Comment - Examiner	Remark/ Correction	After Correction	
	Page	Section			Page	Section
1.						

Internal Examiner (II) : _____

No.	Before Correction		Comment - Examiner	Remark/ Correction	After Correction	
	Page	Section			Page	Section
1.						

External Examiner (I) : _____

No.	Before Correction		Comment - Examiner	Remark/ Correction	After Correction	
	Page	Section			Page	Section
1.						

External Examiner (II) : _____

No.	Before Correction		Comment - Examiner	Remark/ Correction	After Correction	
	Page	Section			Page	Section
1.						

PART 3 – DECLARATION OF PRINCIPAL SUPERVISOR

1. **Name of Principal Supervisor:** _____

I have checked the candidate's thesis/dissertation and confirm that the candidate has made all corrections recommended by the Committee of Examiners.

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Official Stamp & Signature

Date: _____

PART 4 – DECLARATION OF VERIFYING PERSON

1. **Name of Verifying Person:** _____

I have checked the candidate's thesis/dissertation and confirm that the candidate has made all corrections recommended by the Committee of Examiners.

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Official Stamp & Signature

Date: _____

PART 5 – VERIFICATION BY FACULTY

I acknowledge the candidate's final submission of the thesis/dissertation.
This thesis has been reviewed and complies the format outlined in the Thesis Writing Guideline.

Signature:	Name:	Date:

**PART 6 – CENTRE FOR GRADUATE STUDIES (CGS)
(OFFICE USE ONLY)**

Signature:	Name:	Date: