

UMP (IPS) PV-03

|  |  |
| --- | --- |
| **Checklist:** | |
|  | PhD (6 Copies of thesis) |
|  | Master (5 Copies of thesis) |
|  | UMP (IPS) PV-01 |
|  | UMP (IPS) PV-02 |
|  | UMP (IPS) PV-04 |

**ENDORSEMENT OF CORRECTION FORM**

**(PRE-VIVA)**

**SECTION A (TO BE COMPLETED BY STUDENT)**

|  |  |  |
| --- | --- | --- |
| STUDENT NAME | : |  |
| MATRIC NO. | : |  |
| PROGRAMME | : |  |
| FACULTY | : |  |
| DATE OF PRE-VIVA | : |  |
| PRE-VIVA RESULT | : |  |
| THESIS TITLE | : |  |
| Student’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |

**SECTION B: VERIFICATION BY MAIN SUPERVISOR**

|  |  |  |
| --- | --- | --- |
| SUPERVISOR NAME | : |  |
| FACULTY | : |  |
| I am satisfied with the corrections made by the candidate as listed in the corrections form and therefore agree for the candidate to submit his/her thesis for oral examination (viva-voce)Signature and Stamp: Date: | | |

**SECTION C: VERIFICATION BY CO-SUPERVISOR (IF APPLICABLE)**

|  |  |  |
| --- | --- | --- |
| SUPERVISOR NAME | : |  |
| FACULTY | : |  |
| I am satisfied with the corrections made by the candidate as listed in the corrections form and therefore agree for the candidate to submit his/her thesis for oral examination (viva-voce).Signature and Stamp: Date: | | |

# 

**SECTION D: VERIFICATION BY DEAN / DEPUTY DEAN OF RESEARCH**

|  |  |  |
| --- | --- | --- |
| NAME | **:** |  |
| FACULTY | **:** |  |
| I am satisfied with the corrections made by the candidate as listed in the corrections form and therefore agree for the candidate to submit his/her thesis for oral examination (viva-voce).  Signature and Stamp: Date: | | |