

**POSTGRADUATE PROGRAMME
VERIFICATION FORM**

Address to: _____

Date: _____

VERIFICATION LETTER

The following information will be compared to our student record system:

Name : _____

Student ID : _____

NRIC/ Passport No. : _____

Faculty : _____

Programme : _____

Mode of Study : _____

Medium of Instruction : **ENGLISH**

Registration Date : _____

Expected Graduation Date : _____

Duration of Study : **Minimum:** _____ **years**
Maximum: _____ **years**

Title of Thesis : _____
(if applicable) _____

Thank you.