
PRE-VIVA EVALUATION FORM

SECTION A

1. STUDENT'S INFORMATION

Student's Name	:				
Student ID	:				
Faculty	:				
Programme	:	<input type="checkbox"/> Master by Research	<input type="checkbox"/> PhD	Mode :	<input type="checkbox"/> Fulltime <input type="checkbox"/> Part Time
Supervisor's Name	:				
Co-Supervisors (If any)	:	1. 2.			
Thesis Title	:				
Date of Pre-Viva	:				

SECTION B

1. RESULTS OF EVALUATION

Recommended for oral examination / viva voce
Remark:

Not recommended for oral examination / viva voce
Remark:

Verification by Chairman / Examiners:
