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| **Confirmation of Corrective Action taken**  **(THESIS)** |

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| **Student Name** |  |
| **Student ID** |  |
| **Programme** |  |
| **Thesis/Dissertation Title** |  |

**Confirmation of Corrective Action Taken**

*(Attach additional sheets if necessary)*

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| No. | ***Amendments/Changes Suggested by Examiners***  *(Student is required to list down the amendments/changes as contained in the Examiners’ Reports given to you)* | ***Action Taken by Student***  *(Student to state action(s) taken with respect to the suggested amendments/changes; Please state clearly the* ***pages*** *and* ***paragraph*** *of each action taken)* |
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I hereby certify that response/corrective action has been taken on the amendments/changes as suggested in the Examiner’s Reports given to me.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Signature of Candidate)

Name: