University of Technology Sarawak

**INTENTION TO GRADUATE FORM**

*This application only applicable for Final Year Student (Undergraduate Studies). This form must be completed and submitted to the Examination and Graduation Unit, AARD before week 9. Students are advised to discuss with your Head of Program on the graduation requirements to ensure the revision made are correct.*

**Section A (Student Particular)**

Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

IC No. :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_HP Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section B (Details)**

School : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expected Graduation Ceremony (Year) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Sept |  | February |  | July |  | Year |  |

Last registered semester to complete degree requirements:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Course | Total credit (Current Semester) | Total Credit Transfer | Number of repeat paper | Number of re-sit paper | Total credit Gained (inclusive current semester) | Total Credit |
| Core course |  |  |  |  |  |  |
| Elective Courses |  |  |  |  |  |  |
| MPU/UCS/Audit Courses |  |  |  |  |  |  |
| TOTAL CREDIT CALCULATED | | | | | |  |
| GPA *(previous semester)* | | | | | |  |
| CGPA*(previous semester)* | | | | | |  |

I hereby request confirmation of graduation and eligible to graduate for session \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s Signature: Date:

***\*Please ensure your information in OCULUS is correct and up to date to ensure you receive invitations and no error in your certificate and transcript.***

**TO BE COMPLETED BY UTS**

**Section C (School’s Recommendation and Dean’s Office Verification)**

|  |  |
| --- | --- |
| **RECOMMENDATION (HOP):** | |
| It is hereby verified and recommend for the student to be considered for graduation, subject to his/her final semester results. | |  |  |  | | --- | --- | --- | | Yes | / | NO | |
| Signature & Official Stamp | Date: |
|  | |
| **CONFIRMATION (DEAN):** | |
| It is hereby confirmed that the student is eligible to be considered for graduation, subject to his/her final semester results. | |  |  |  | | --- | --- | --- | | Yes | / | NO | |
| Signature & Official Stamp | Date: |

|  |
| --- |
| **Section D (Registry’s Office Verification)** |
| **Graduation Requirement Checklist**  *(Please tick √ the appropriate box)*   |  |  |  | | --- | --- | --- | |  | Correct | Wrong/remarks | | *Total credit gained* |  |  | | *Core courses* |  |  | | *MPU/UCS/Audit Courses* |  |  | | *Elective Courses* |  |  | | *GPA* |  |  | | *CGPA* |  |  |   Verify by: Endorsed by:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature & Official Stamp Signature & Official Stamp |

**Section E – AARD (AFTER APPROVAL PROCESS)**

|  |  |
| --- | --- |
| Update: | |
|  | Graduation List |
|  | Register Student to Convocation System - OCULUS |