



3) Compulsory Courses / Other Courses (If any)

| Course Code | Subject Title | Credit | Type of Registration<br>(GC/GA/UC/UA) | Semester and Academic Year<br>of Registration | Grade Acquired |
|-------------|---------------|--------|---------------------------------------|-----------------------------------------------|----------------|
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Student's Signature: ..... Date: ...../...../.....

I hereby certify that all information provided in this Study Completion Form is totally true and completed as specified in the terms and conditions of my study field/program.

Signature: .....

(.....)

Thesis Advisor/ Independent Study Advisor

Date: ...../...../.....