

**POSTGRADUATE STUDENT CHECKLIST FORM UPON COMPLETION OF STUDY**

**NAME** : \_\_\_\_\_

**MATRIC NO** : \_\_\_\_\_

**PROGRAMME** : \_\_\_\_\_

<b>NO.</b>	<b>ITEM</b>	<b>CHECKLIST (Please tick or write NA if not applicable)</b>	<b>VERIFICATION BY PERSON IN-CHARGE OF THE UNIT (Please comment, sign, date and stamp)</b>
1.	<b>Workstation</b> <ul style="list-style-type: none"> <li>▪ Personal items cleared</li> <li>▪ Workstation cleared and cleaned</li> <li>▪ Key surrendered</li> </ul>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Postgraduate Office
2.	<b>Borrowed thesis</b> <ul style="list-style-type: none"> <li>▪ Thesis returned</li> <li>▪ Thesis in good condition</li> </ul>	<input type="checkbox"/> <input type="checkbox"/>	Postgraduate Office
3.	<b>Inventory from Dental Laboratory</b> <ul style="list-style-type: none"> <li>▪ Borrowed items returned</li> <li>▪ Workstation cleared and cleaned</li> <li>▪ Locker cleared and cleaned</li> <li>▪ Key surrendered</li> </ul>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Dental Laboratory (Dental Technologist)
4.	<b>Inventory from Research Laboratory</b> <ul style="list-style-type: none"> <li>▪ Borrowed items returned</li> <li>▪ Workstation cleared and cleaned</li> <li>▪ Locker cleared and cleaned</li> <li>▪ Key surrendered</li> </ul>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Research Laboratory (Dental Technologist)
5.	<b>Inventory from Dental Clinic</b> <ul style="list-style-type: none"> <li>▪ Borrowed items returned</li> <li>▪ Workstation cleared and cleaned</li> <li>▪ Locker cleared and cleaned</li> <li>▪ Key surrendered</li> </ul>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Dental Clinic (Matron)

**Notes:**

- 1) For Research Mode students: This form must be submitted before/together with submission of the final thesis.
- 2) For Coursework and Mixed Mode students: This form must be submitted before the Final Year Examination.
- 3) The completed form must be submitted to Postgraduate Office, School of Dental Sciences.
- 4) Failure to complete this form may affect a graduation process.

I hereby declare that the information given below is true and accurate.

\_\_\_\_\_  
(Candidate's signature)

\_\_\_\_\_  
(Date)

**FOR OFFICE USE**

**Signature :**

**Date :**

*Version 01*

*Effective Date: 01/01/2021*