

GRADUATION FORM

Students are required to fill in this form with the correct details to facilitate the award of their degree and certificate.

Title of Thesis	Isolation and Identification of Fungi in Raw Wet Sago Starch from Sarawak
Programme	Master of Science By Research
Field of Study	Microbiology
Faculty/ Institute	Faculty of Resource Science and Technology
Identity Card or Passport	970521-13-5347
Degree	Master

Please complete your full name in the boxes provided (each alphabet in a box) as in your Identity Card or Passport.

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(In Block Letter)

Correspondence Address (Please inform us immediately of any changes.)

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Signature of the		Date
Candidate	Mais	30/01/2025

Acknowledgment Signature on behalf of	Date
the Centre for Graduate Studies	

		Grade:
		Please tick ($$)
		Final Year Project Report
		Masters V PhD
1	DECLARATION OF ORIGINAL W	ORK
his declaration is made on th	e29	(year).
tudent's Declaration:		
Muhammad Khairil Syamr	i Bin Bakeri, 19020147, Faculty of Reso	ource Science and Technology
PLEASE INDICATE STUDENT	S NAME, MATRIC NO. AND FA	CULTY/INSTITUTE) hereby declare that go Starch from Sarawak is my original
work. I have not copied from	any other students' work or fror	n any other sources except where due
eference or acknowledgemen another person.	t is made explicitly in the text,	nor has any part been written for me by
UHAMMAD KHAIRIL SYAMRI B	IN BAKERI (19020147)	29/01/2025
udent's Name and Matric No.		Date submitted
Supervisor's Declaration:		
Associate Professor Dr Lesle	Maurice Bilune (SUP	ERVISOR'S NAME) hereby certifies that the
vork entitled,	n and Identification of Fungi in Raw We	et Sago Starch Hom Sarawak
TITLE) was prepared by the a	above named student, and was	submitted to the "FACULTY/INSTITUTE" as a
		submitted to the "FACULTY/INSTITUTE" as a ter of Science By Research (Microbiology)
[*] partia l/full fulfillment for the	e conferment of Mas	ter of Science By Research (Microbiology)
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^e partia l/full fulfillment for the PLEASE INDICATE THE DEGR student's work	e conferment of <u>Mas</u> EE), and the aforementioned we ASSOCIATE PROFESSOR DR	ter of Science By Research (Microbiology) ork, to the best of my knowledge, is the said 29 Jan 2025
* partial/full fulfillment for the PLEASE INDICATE THE DEGR student's work Received for examination by:	EE), and the aforementioned we ASSOCIATE PROFESSOR DR LESLEY MAURICE BILUNG (Supervisor's Name)	ter of Science By Research (Microbiology) ork, to the best of my knowledge, is the said Date: 29 Jan 2025
* partial/full fulfillment for the PLEASE INDICATE THE DEGR student's work Received for examination by:	EE), and the aforementioned we ASSOCIATE PROFESSOR DR LESLEY MAURICE BILUNG (Supervisor's Name)	ter of Science By Research (Microbiology) ork, to the best of my knowledge, is the said Date: 29 Jan 2025
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I declare this Project/Thesis is classified as (Please tick ($\sqrt{}$):

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29/01/2025

Profesor Madya Dr. Lesley Maurice Biluna **Timbalan Dekan** in Industri dan M 11 Petron 02 Supervisor's signature: 28 Jan 20 (Date)

Student's signature_ (Date)

Current Address: NO. 27, BATU 9 1/2, JALAN MATANG, 93050 KUCHING, SARAWAK.

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