

**PHD COURSES SELECTION FORM**

**Student Name:**

**PhD Title:**

**PhD Lead Supervisor:**

**Academic areas in which PhD student requires strengthening:**

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**Courses recommended for PhD student (include Semester, Year, Department and Coordinator):**

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| Student’s Signature |  | Supervisor’s signature |  | Date |

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| **For Official Use Only** | | | |
| SDO Director |  | Date Received |  |