



ACCRA INSTITUTE OF TECHNOLOGY

The University of the Future

ABS Video Viva Classification Form

Name of Student:

Student ID:

Date:

Email Address:

Phone No:

Specialization:

Research Topic:

Type of Research:

For Official Use Only

Please tick (x) to indicate which of the videos to be done by the student

Type of Video Viva Approved to be done by student: Empirical Research:

System Development:

Name of Coordinator:

Signature:

Date: