

EXM/BPH2023/CL0660

6 October 2023

**To Whom It May Concern,**

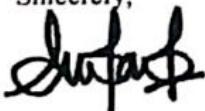
Name : **LAU CYE BER**  
NRIC/Passport No. : **990512055116**  
Student ID No. : **BPHF20106405**  
Programme Registered : **BACHELOR OF PHYSIOTHERAPY (HONS)**  
Intake : **OCTOBER 2020**  
Duration of Study : **4 YEARS**  
Mode of Study : **FULL-TIME**  
Date of Senate Endorsement : **6 OCTOBER 2023**

This is to certify that **LAU CYE BER** has successfully completed and passed all the courses taken at MAHSA University and fulfilled the academic requirements for the **BACHELOR OF PHYSIOTHERAPY (HONS)** programme. The medium of instruction for this programme is English.

Should you need further information please do not hesitate to contact the Examination Department at 03-5102 2200 ext 2562

Thank you.

Sincerely,



**SUHAMMI BINTI KHAMIS**  
Registrar

**SAUJANA PUTRA CAMPUS**  
Jalan SP2, Bandar Saujana Putra, 42610 Jenjarom, Kuala Langat, Selangor, Malaysia.

**MAHSA AVENUE CAMPUS**  
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