**Bahagian A: Maklumat Diri Pelajar**

*Part A: Student’s Detail*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Nama** *(Name)* |  | | | |
| **No. Pendaftaran**  *(Registration Number)* |  | | | |
| **No. Telefon**  *(Telephone Number)* |  | | | |
| **E-mel** *(E-mail)* |  | | | |
| **Fakulti / Institut** *(Faculty / Institute)* |  | | | |
| **Program Pengajian** *(Program)* | **Sarjana**  *(Masters)* |  | **Doktor Falsafah**  *(Doctor of Philosophy)* |  |
| **Bentuk Pendaftaran** *(Type of registration)* | **Sepenuh Masa**  *(Full Time)* |  | **Separuh Masa**  *(Part Time)* |  |

Pusat Pengajian /Jabatan : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(School / Department)*

Semester / Sesi : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Semester /Session)*

|  |  |
| --- | --- |
| **Kod Kursus** *(Course Code)* | **Nama Kursus** *(Course Name)* |
|  |  |
|  |  |
|  |  |

Alasan *(Reason)* :

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­­­­­­­­­­­­­­­­­­­

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­­­­­­­­­­

(Sila sertakan salinan keputusan peperiksaan yang disahkan jika pernah mengikuti kursus yang sama / setara di institut lain) / *(please enclosed a certified copy of your exam result if already sit for this course before at other institutional)*

Tandatangan : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tarikh : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Signature) (Date)*

**Bahagian B : Kelulusan Fakulti / Institut**

*(Part B : Approval from Faculty / Institute)*

Permohonan : Diluluskan *(Approve)* / Tidak diluluskan *(Not Approve)*

Tandatangan : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tarikh : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Signature) (Date)*

Nama : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Name)*

[\*Potong yang tidak berkenaan]