

Kindly submit this form via email to:

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Kindly address the email to:

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BAHAGIAN IJAZAH TINGGI AKADEMI PENGAJIAN ISLAM UNIVERSITI MALAYA

LATE REGISTRATION FOR CANDIDATURE POSTGRADUATE STUDIES

ECTION A	TO BE COMPLET	TED BY CA	NDIDATE	
1.	Name	:		
2.	Matric No.	:		
3.	Department	:		
4.	Field of Researd	ch:		
5.	Mode of Study	:		
6.	No. Contact	:		
7.	Email Address	:		
8.	Reason (please	attach su	pporting document)	
	Candidate's Signatur	 е		Date

SECTION B	TO BE COMPLETED BY C	COORDII	NATOR (LECTU	RER)
l. Coordinator	(Lecturer)			
	1. Coordinator's name (Lecturer)	:		
	2. Course Code	:		
	3. Course Name	:		
	4. Recommendation	:	Yes	No
	5. Comment	:		
	Signature			Date
. Coordinator	(Lecturer) (if more than one course)			
	Coordinator's name (Lecturer)	:		
	2. Course Code	:		
	3. Course Name	:		
	4. Recommendation	:	Yes	No
	5. Comment	:		
				
	Signature			Date

SECTION C		TO BE COMPLET	ED BY SUPERVIS	OR	
1. Supervis	sor				
	1.	Supervisor's name	:		
	2.	Department	:		
	3.	Recommendation	:	Yes	No
	4.	Comment	:		
		,			
		Signature			Date
2. Supervis	sor (if r	more than one supervisor)			
	1.	Supervisor's name	:		
	2.	Department	:		
	3.	Recommendation	:	Yes	No
	4.	Comment	:		
		,			
		 Signature			 Date
SECTION D		FOR POSTGRADI	JATE DIVISION (OFFICE USE	
	1.	Approval of Director/ Dep	outy Director (Pos	stgraduate)	
			•	•	
		Approved			Not Approved

Date

Signature