

**BAHAGIAN IJAZAH TINGGI
AKADEMI PENGAJIAN ISLAM
UNIVERSITI MALAYA**

LATE REGISTRATION FOR CANDIDATURE POSTGRADUATE STUDIES

SECTION A TO BE COMPLETED BY CANDIDATE

1. Name : _____

2. Matric No. : _____

3. Department : _____

4. Field of Research: _____

5. Mode of Study : _____

6. No. Contact : _____

7. Email Address : _____

8. Reason (please attach supporting document)

.....
Candidate's Signature

.....
Date

SECTION B **TO BE COMPLETED BY COORDINATOR (LECTURER)**

1. *Coordinator (Lecturer)*

1. *Coordinator's name (Lecturer)* : _____

2. *Course Code* : _____

3. *Course Name* : _____

4. *Recommendation* : Yes No

5. *Comment* : _____

.....
Signature

.....
Date

2. *Coordinator (Lecturer) (if more than one course)*

1. *Coordinator's name (Lecturer)* : _____

2. *Course Code* : _____

3. *Course Name* : _____

4. *Recommendation* : Yes No

5. *Comment* : _____

.....
Signature

.....
Date

SECTION C **TO BE COMPLETED BY SUPERVISOR**1. *Supervisor*1. *Supervisor's name* : _____2. *Department* : _____3. *Recommendation* : Yes No4. *Comment* :

.....
Signature.....
*Date*2. *Supervisor (if more than one supervisor)*1. *Supervisor's name* : _____2. *Department* : _____3. *Recommendation* : Yes No4. *Comment* :

.....
Signature.....
*Date***SECTION D** **FOR POSTGRADUATE DIVISION OFFICE USE**1. *Approval of Director/ Deputy Director (Postgraduate)*☐*Approved*☐*Not Approved*.....
Signature.....
Date