

**CENTRE FOR POSTGRADUATE STUDIES**

**REGISTRATION FORM**

Semester  Session  /

REMINDER: This form is only applicable to all Postgraduate students who are unable to make online registration (web-based) (i.e: Pre-requisite, Special requirement courses, Grades not available, CGPA<3.00, etc)

**SECTION A: STUDENT'S INFORMATION (TO BE FILLED BY THE STUDENT)**

Name:		Matric No.:	
Kulliyah :	Programme	Latest CGPA:	
Email :	Contact No:	Total Credit hours Completed:	

\*For student who obtained CGPA below 3.00, please fill up "Repeat and Replace form together with this form

DETAILS OF COURSE(S)			Signature of Lecturer with Official Stamp
1. Course Code _____	Course Title: _____	Crdt hrs: _____	
Section: _____	Type of Course: <input type="checkbox"/> Elective Course <input type="checkbox"/> Core Course <input type="checkbox"/> Independent Study <input type="checkbox"/> Pre-Requisite <input type="checkbox"/> Audit Course <input type="checkbox"/> Special Requirement Courses <input type="checkbox"/> Comprehensive Examination		
2. Course Code _____	Course Title: _____	Crdt hrs: _____	
Section: _____	Type of Course: <input type="checkbox"/> Elective Course <input type="checkbox"/> Core Course <input type="checkbox"/> Independent Study <input type="checkbox"/> Pre-Requisite <input type="checkbox"/> Audit Course <input type="checkbox"/> Special Requirement Courses <input type="checkbox"/> Comprehensive Examination		
3. Course Code _____	Course Title: _____	Crdt hrs: _____	
Section: _____	Type of Course: <input type="checkbox"/> Elective Course <input type="checkbox"/> Core Course <input type="checkbox"/> Independent Study <input type="checkbox"/> Pre-Requisite <input type="checkbox"/> Audit Course <input type="checkbox"/> Special Requirement Courses <input type="checkbox"/> Comprehensive Examination		
4. Course Code _____	Course Title: _____	Crdt hrs: _____	
Section: _____	Type of Course: <input type="checkbox"/> Elective Course <input type="checkbox"/> Core Course <input type="checkbox"/> Independent Study <input type="checkbox"/> Pre-Requisite <input type="checkbox"/> Audit Course <input type="checkbox"/> Special Requirement Courses <input type="checkbox"/> Comprehensive Examination		
5. Course Code _____	Course Title: _____	Crdt hrs: _____	
Section: _____	Type of Course: <input type="checkbox"/> Elective Course <input type="checkbox"/> Core Course <input type="checkbox"/> Independent Study <input type="checkbox"/> Pre-Requisite <input type="checkbox"/> Audit Course <input type="checkbox"/> Special Requirement Courses <input type="checkbox"/> Comprehensive Examination		

Date:	Student's Signature:
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**Name and Matric Number:**

**SECTION B: RECOMMENDATION FORM HEAD OF DEPARTMENT**  
(For CGPA < 3.00 / Independent Study / Audit Course / Comprehensive Exam Only)

The candidate has met all the requirements stipulated in the PG Policies and Regulations. Therefore, the department decided to <b>*RECOMMEND/NOT RECOMMEND</b> his/her registration.	
<b>Date:</b>	<b>Signature &amp; Stamp:</b>

**SECTION C: APPROVAL FROM DEPUTY DEAN/DEPUTY DIRECTOR OF THE CENTRE OF STUDIES**  
(For CGPA < 3.00 / Independent Study / Audit Course / Comprehensive Exam Only)

Based on the department recommendation (if any), Kulliyah/Institute <b>*APPROVE/NOT APPROVE</b> his/her registration.	
<b>Date:</b>	<b>Signature &amp; Stamp:</b>

**SECTION D: CENTRE FOR POSTGRADUATE OFFICE USE ONLY**

<input type="checkbox"/> LANGUAGE	<input type="checkbox"/> SPECIAL PAIDE
<input type="checkbox"/> PRE-REQ/SPECIAL	<input type="checkbox"/> GRADES NOT AVAILABLE
<input type="checkbox"/> CGPA<3.0 (REPEAT/REPLACE FORM)	<input type="checkbox"/> WITHIN EXTENSION PERIOD (Ext. letter)
<input type="checkbox"/> COMPLETE 60% COURSEWORK	<input type="checkbox"/> MODE OF PROGRAMME
<b>Date:</b>	<b>Remarks:</b>

**NOTE**

- i. **Signature of lecturers are required for - courses exceeded class limit/audit course/comprehensive exam/independent study/CGPA<3.00 (other than repeat/replace courses).**
- ii. **Candidate who is under extension period should submit this form together with approval letter of extension. Appeal for extension beyond normal study period should be submitted to the Kulliyah/Institute 1 month before the normal period semester ended.**