



CENTRE FOR POSTGRADUATE STUDIES

DROP/WITHDRAWAL FROM COURSE(S) FORM

Kulliyah:		Programme
Session:	Semester:	Latest CGPA:

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

Name:		Matric No.:
Email :	Contact No:	Total Credit hours Completed:

*Please attached a copy of bank's slip for our reference

DETAILS OF COURSE(S)				Signature of Lecturer with Official Stamp
Course Code:	Course Title:	Type of Course:	Crdt hrs:	
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Reminder: Form should be submitted to the Kulliyah/Institute within the adjustment/withdrawal period. Candidate is not allowed to make any adjustment on the courses after this period ended.		Total Credit Hours Withdrawn/Dropped		
		Total Workload after Withdrawal/Drop		

I understand that I am required to pay all the prescribed fees before submitting this form.

Student's signature _____
Date

SECTION B: RECOMMENDATION FROM THE HEAD OF DEPARTMENT/ACADEMIC ADVISOR/SUPERVISOR

The candidate has met all the requirement stipulated in the PG Policies and Regulations. Therefore, the department decided to ***RECOMMEND/NOT RECOMMEND** his/her application.

Date:	Signature & Stamp:
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SECTION C: APPROVAL FROM THE DEPUTY DEAN (POSTGRADUATE) OF THE CENTRE OF STUDIES

Based on the above recommendation (if any), the Centre of Studies ***APPROVE/NOT APPROVE** his/her application.

Date:	Signature & Stamp:
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SECTION D: CENTRE FOR POSTGRADUATE STUDIES OFFICE USE ONLY

<input type="checkbox"/> ADJUSMENT PERIOD	<input type="checkbox"/> WITH A FEE OF RM300	<input type="checkbox"/> WITH A FEE OF RM500	<input type="checkbox"/> OTHERS
Date:	Remarks:		