

MAJORING FORM (ALLHS) (KULLIYAH OF ALLIED HEALTH SCIENCES – 2019/2020 SESSION)

NAME : _____

MATRIC NO.: _____ I/C OR PASSPORT NO.: _____

CURRENT CGPA : _____ PANEL INTERVIEW: _____

(Please fill in all columns in this section – write your choices no. 1, no. 2, no. 3, no. 4, no. 5, no. 6, no. 7)

KULLIYAH OF ALLIED HEALTH SCIENCES	LIST OF PROGRAMME OFFERED	RANK
	Dietetics	
	Audiology	
	Optometry	
	Radiography and Diagnostic Imaging	
	Physiotherapy	
	Biomedical Science	
	Speech-Language Pathology	

Height: _____ cm Weight: _____ kg Health Problem /

Medical Condition (if any): _____

Signature: _____

Date: _____

**Please submit this form to the Panel of Interviewers*

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