

APPLICATION FORM FOR CPS ASSISTANCE

RECOMMENDATION FROM DEPUTY DEAN (POSTGRADUATE)

(To be completed by Deputy Dean (Postgraduate) at the relevant Kulliyah)

Name of the Student : _____
Matric Number : _____
Programme : _____
Kulliyah : _____

RECOMMENDED

NOT RECOMMENDED

Remarks: _____

Name: _____

Signature and Official Stamp

Date: