



**Instructions to Candidate:**

1. Ensure that the information needed in the form is complete and emailed to [hasli109@uitm.edu.my](mailto:hasli109@uitm.edu.my) together with a copy of Surat Keputusan Naiktaraf.
2. If you fail to submit the registration form within the stipulated period, this means that you have not accepted the offer of Conversion to the UiTM Doctor of Philosophy Programme.

**SECTION I (To be filled by student in CAPITAL LETTERS)**

|                      |  |        |  |  |  |     |  |           |  |                |  |                   |  |      |  |           |  |          |  |     |  |  |  |
|----------------------|--|--------|--|--|--|-----|--|-----------|--|----------------|--|-------------------|--|------|--|-----------|--|----------|--|-----|--|--|--|
| Name:                |  |        |  |  |  |     |  |           |  |                |  |                   |  |      |  |           |  |          |  |     |  |  |  |
| I.C No/Passport No.: |  |        |  |  |  |     |  |           |  |                |  | Faculty Code:     |  |      |  |           |  |          |  |     |  |  |  |
| Student ID No.:      |  |        |  |  |  |     |  |           |  | Campus:        |  |                   |  |      |  |           |  |          |  |     |  |  |  |
| Programme Code:      |  |        |  |  |  |     |  | Semester: |  |                |  | Gender:           |  | Male |  |           |  | Female   |  |     |  |  |  |
| Level of Study:      |  | Master |  |  |  | PhD |  |           |  | Mode of Study: |  | Full Time         |  |      |  | Part Time |  |          |  | FLP |  |  |  |
| Nationality:         |  |        |  |  |  |     |  |           |  |                |  | Country of Origin |  |      |  |           |  |          |  |     |  |  |  |
| Mailing Address *( ) |  |        |  |  |  |     |  |           |  |                |  |                   |  |      |  |           |  |          |  |     |  |  |  |
|                      |  |        |  |  |  |     |  |           |  |                |  |                   |  |      |  |           |  |          |  |     |  |  |  |
|                      |  |        |  |  |  |     |  |           |  |                |  |                   |  |      |  |           |  |          |  |     |  |  |  |
|                      |  |        |  |  |  |     |  |           |  |                |  |                   |  |      |  |           |  | Postcode |  |     |  |  |  |

\* Please tick (✓) for change of address

|                                 |  |  |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |  |  |  |  |
|---------------------------------|--|--|--|--|--|--|--|--|--|------------------|--|--|--|--|--|--|--|--|--|--|--|
| Tel. No.:                       |  |  |  |  |  |  |  |  |  | Mobile Phone No. |  |  |  |  |  |  |  |  |  |  |  |
| E-mail:                         |  |  |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |  |  |  |  |
| Scholarship / Funding (if any): |  |  |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |  |  |  |  |

| SUPERVISOR      | NAME | FACULTY / INSTITUTION |
|-----------------|------|-----------------------|
| Main Supervisor |      |                       |
| Co-Supervisor 1 |      |                       |
| Co-Supervisor 2 |      |                       |

**SECTION II (JAWATAN KUASA INDUK PENILAIAN AKADEMIK (JKIPA) APPROVAL INFORMATION)**

**Date of JKIPA:**   -   -

**Approval Status:** **APPROVED** ☐ **NOT APPROVED** ☐

**SECTION III (To be filled by student)**

|   |                          |                          |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| I am hereby                                       | <input type="checkbox"/> | ACCEPT                   | <input type="checkbox"/> | NOT ACCEPT               |                          |
| <i>To be convert from Master Degree Programme</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>To PhD Degree Programme</i>                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**Student's Signature**

**Date**

**IPSIS OFFICE**

|              |  |                                  |
|--------------|--|----------------------------------|
| Received by: | <div>.....</div> <div>Signature and Official Stamp</div> | <div>.....</div> <div>Date</div> |
|--------------|--|----------------------------------|