



Instruction to students:

1. Student must provide a valid evidence and reason for the application to be considered.
2. Processing fee of RM50 will be imposed by Bahagian Pengurusan Kewangan Pelajar (BPKP) to the successful application.
3. A completed application form must be submitted to the respective College / Faculty / Academic Centre / UiTM Branch Campus.

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:	<i>Male</i>	<input type="checkbox"/>	<i>Female</i>	<input type="checkbox"/>																	
Level of Study:	<i>Master</i>	<input type="checkbox"/>	<i>PhD</i>	<input type="checkbox"/>	Mode of Study:	<i>Full Time</i>	<input type="checkbox"/>	<i>Part Time</i>	<input type="checkbox"/>	<i>FLP</i>	<input type="checkbox"/>																		
Mailing Address *()																									Postcode:				
* Please tick (✓) for change of address																													
Tel. No.:									Mobile Phone No.:																				
E-mail:																													

SECTION II

Number of previous approved Special Leave (if any): **Time**

Reasons for Application of Special Leave (please attach supporting documents):

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I will re-register for semester: *MARCH* *SEPTEMBER* **Year**

.....
Student's Signature

.....
Date

SECTION III (Student is required to get endorsement from the following departments)

A. SUPERVISOR / ACADEMIC ADVISOR	B. FACULTY	C. REMARKS
<p>Supervisor / Academic Advisor comment:</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p style="text-align: center;">..... Signature</p> <p>.....</p> <p style="display: flex; justify-content: space-between;"> Name and Official Stamp Date </p>	<p>Verified by KPPS</p> <p style="text-align: center; margin-top: 20px;">COMPLY <input style="margin-left: 10px;" type="checkbox"/></p> <p style="text-align: center; margin-top: 10px;">NOT COMPLY <input style="margin-left: 10px;" type="checkbox"/></p> <p style="text-align: center;">..... Signature</p> <p>.....</p> <p style="display: flex; justify-content: space-between;"> Name and Official Stamp Date </p>	<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>

SECTION IV (Results of application is subjected to JKAPS' support)

For office use only

JKAPS' Result SUPPORTED

NOT SUPPORTED

Signature of JKAPS Chair:

Name and Official Stamp:

Date: