



APPEAL FOR REINSTATEMENT OF STATUS (AFTER THE DEADLINE)

Instruction to students:

1. This application is applicable to the following categories:
 - i. students who were given GT status in previous semesters.
 - ii. students who missed the application deadline as stipulated in the Academic Calendar.
2. Processing fee of RM200 will be imposed by Bahagian Pengurusan Kewangan Pelajar (BPKP) to successful extension duration of study application for every semester.
3. A complete application form must be submitted to the Faculty / Academic Centre / UiTM Branch Campus postgraduate office.

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											
Mailing Address *()																															
																										Postcode:					
* Please tick (✓) for change of address																															
Tel.No.:																Mobile Phone No.:															
E-mail:																															
Scholarship / Funding (if any):																															

SECTION II (To be filled up by students)

Reason for being given GT status:	<i>I did not register my courses</i> <input style="float: right;" type="checkbox"/>	Please tick (✓) at relevant boxes
	<i>I did not pay my fees</i> <input style="float: right;" type="checkbox"/>	

Reasons to appeal for reinstatement of GT:

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Please provide additional explanation in separate sheet if space not sufficient.

I hereby declare that all information provided is true.

<p>.....</p> <p>Student's Signature</p>	<p>.....</p> <p>Date</p>
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SECTION III (Student is required to get endorsement from the faculty)**A. FACULTY**

Verified by KPPS

☐**COMPLY**☐**NOT COMPLY**

Signature

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Name and Official Stamp

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Date

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B. REMARKS

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Section IV (Results of application is subjected to JKAPS' approval)

For office use only

JKAPS' Result

☐**APPROVED**☐**NOT APPROVED**

Signature of JKAPS Chair

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Name and Official Stamp

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Date

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