



**APPEAL FOR CONTINUATION OF
STUDY AFTER THE DEADLINE**
(COURSEWORK / MIX MODE)

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.
 - iii. students who obtained a dismissal status (D3, D4, D5, D6) in the previous two (2) semesters or more.
2. Processing fee of RM50 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 College / Faculty / Academic Centre / UiTM Branch Campus postgraduate office.

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

Name:	<table border="1" style="width: 100%; height: 20px;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>																																														
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Programme Code:	<table border="1" style="width: 100%; height: 20px;"> <tr><td></td><td></td><td></td><td></td><td></td></tr> </table>										Semester:	<table border="1" style="width: 100%; height: 20px;"> <tr><td></td><td></td></tr> </table>				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 *()	<table border="1" style="width: 100%; height: 40px;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>																																														
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* Please tick (✓) for change of address																																															
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Scholarship / Funding (if any):																																														

SECTION II (To be filled up by students)

Status of discontinue:	D3	D4	D5	D6	GT		Please tick (✓) at relevant boxes
Reasons to appeal for continuation of study:							
.....							
.....							
.....							
<i>Please provide additional explanation in separate sheet if space not sufficient.</i>							
I hereby declare that all information provided is true.							
..... Student's Signature					 Date	

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

A. FACULTY

Verified by KPPS

COMPLY

NOT COMPLY

Signature

.....

Name and Official Stamp

.....

Date

.....

B. REMARKS

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Section IV (Results of application is subjected to JKAPS' supported and Faculty will forward the application to JKIPA for approval)

For office use only

JKAPS' Result

SUPPORTED

NOT SUPPORTED

Signature of JKAPS Chair

.....

Name and Official Stamp

.....

Date

.....