



**Instruction to candidates:**

1. Submit completed application form to the Faculty within the stipulated period of time (refer to IPSis Academic Calendar).
2. Make three (3) copies of the completed application form.
3. Processing fee of RM100 will be generated by Bahagian Pengurusan Kewangan Pelajar (BPKP) and credited to the student study bills.

**SECTION I ( To be filled up in CAPITAL LETTERS)**

<b>Name:</b>	<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><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><td></td><td></td><td></td><td></td><td></td></tr> </table>																																																																																							
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<b>Level of Study:</b>	<i>Master</i>	<input type="checkbox"/>		<i>PhD</i>	<input type="checkbox"/>		<b>Mode of Study:</b>	<i>Full Time</i>	<input type="checkbox"/>		<i>Part Time</i>	<input type="checkbox"/>		<i>FLP</i>	<input type="checkbox"/>																																																																									
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* Please tick (✓) for change of address																																																																																								
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**SECTION II (List of add/drop courses)**

No.	Course Code	Name of Course to Add	Credit Hour	Repeat (Yes / No)	To be filled up by lecturer		Date
					Support / Not Support	Lecturer's Signature	
1.							
2.							
3.							
No	Course Code	Name of Course to Drop	Credit Hour	Repeat (Yes / No)	To be filled up by lecturer		Date
					Support / Not Support	Lecturer's Signature	
1.							
2.							
3.							
..... <b>Student's Signature</b>				..... <b>Date</b>			

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

**A. FACULTY**

Endorsement by KPPS

**SUPPORTED**

**NOT SUPPORTED**

Signature

.....

Name and Official Stamp

.....

Date

.....

**B. Remarks**

.....  
.....  
.....  
.....  
.....

**SECTION IV (Results of application is subjected to JKAPS approval)**

For office use only

JKAPS' Result

**APPROVED**

**NOT APPROVED**

Signature of JKAPS Chairman

.....

Name and Official Stamp

.....

Date

.....