UNIVERSITI TEKNOLOGI MARA | Institut Pengajian Siswazah

JOURNAL SUPPORT FUND

APPLICATION REQUIREMENTS / INSTRUCTIONS

1. Please read the instructions in this form carefully before completing it. Failure to adhere to the eligibility requirements and application procedures could lead to application being rejected.
2. Applicants must be UiTM postgraduate students with an **ACTIVE** status.
3. All applicants are required to submit their application form together with the following documents:

   i. Full paper ready for publication;
   ii. Proof of journal indexing (ISI/SCOPUS/WOS/MyCite);
   iii. Acceptance letter from the journal publisher; and
   iv. Journal publication fee information/proofreading service invoice.

4. Completed form must be submitted to the address below or email to:

   Department of Academic Development, Resources & Students,
   Institute of Postgraduate Studies,
   Level 4, Bangunan Sarjana,
   Universiti Teknologi MARA,
   40450 Shah Alam, Selangor, MALAYSIA.

   Email: pasp@uitm.edu.my
   Phone: 03-5544 4705 / 03-5544 4730

A. APPLICANT'S PARTICULARS

Name:

Student ID: **Programme Code:** **Semester:**

IC Number / Passport No.: **Contact Number:**

Current Address:

Postcode

E-mail:

Have you received IPSis Journal Support Fund in the past? **Yes** ☐ **No** ☐

Reference of IPSis Approval Letter (if applicable): .....

Main Supervisor:

Co-Supervisor:
(if applicable)

Research Title:

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B. JOURNAL INFORMATION

Article's Title:

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Journal Name:

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Volume No.: | | | | | | | | | | | **Issue No.:** | | | | | | | | | |

ISSN No.: | | | | | | | | | | | **Page No.:** | | | | | | | | | |

C. DECLARATION

The information I have given in this application is true and correct.

Name:

Signature: ..... **Date:** __ __ / __ __ / 2 0 __ __

D. SUPERVISOR'S COMMENT *(To be filled by Main Supervisor)*

Name:

Faculty:

Supervisor's Recommendation:
(in terms of the quality of the paper and relevancy)

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I hereby certify that all information given in this application is complete and correct to the best of my knowledge.

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Signature	**Date**	**Name and Official Stamp**

E. ENDORSEMENT BY HEAD OF POSTGRADUATE STUDIES FACULTY

☐ **Endorsed**

☐ **Not endorsed**

Comment: .....

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Signature	**Date**	**Name and Official Stamp**

FOR OFFICE USE ONLY

The Committee of the Meeting recommended the following decision on

(Date of committee meeting) | | | / | | | / | 2 | 0 | | |

Results		Comment
Accept	☐	.....
KIV	☐	.....
Reject	☐	.....