


**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 (D10, D11) 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>																																						
I.C No/Passport No.:	<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></tr> </table>																					Faculty Code:	<table border="1" style="width: 100%; height: 20px;"> <tr><td></td><td></td></tr> </table>																
Student ID No.:	<table border="1" style="width: 100%; height: 20px;"> <tr><td></td><td></td><td></td><td></td><td></td></tr> </table>										Campus:	<table border="1" style="width: 100%; height: 20px;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>																											
Programme Code:	<table border="1" style="width: 100%; height: 20px;"> <tr><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:	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>																							
Level of Study:	Master	<input type="checkbox"/>	PhD	<input type="checkbox"/>	Mode of Study:	Full Time	<input type="checkbox"/>	Part Time	<input type="checkbox"/>	FLP	<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></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>																																Postcode:	<table border="1" style="width: 100%; height: 20px;"> <tr><td></td><td></td><td></td><td></td></tr> </table>					
* Please tick (✓) for change of address																																							
Tel.No.:	<table border="1" style="width: 100%; height: 20px;"> <tr><td></td><td></td><td></td><td></td><td></td></tr> </table>										Mobile Phone No.:	<table border="1" style="width: 100%; height: 20px;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>																											
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Scholarship / Funding (if any):	<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></tr> </table>																																						

**SECTION II (To be filled up by students)**

 Status of discontinue:
 

D10		D11		GT	
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Please tick (✓) at relevant boxes

 Reasons to appeal for continuation of study:
   
 .....
   
 .....
   
 .....

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

I hereby declare that all information provided is true.

 .....  
 Student's Signature

 .....  
 Date

**SECTION III (Student is required to get endorsement from the Main Supervisor)**

**A. MAIN SUPERVISOR**

Endorsement by Main Supervisor

**SUPPORTED**

**NOT SUPPORTED**

Signature

.....

Name and Official Stamp

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Date

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**B. REMARKS**

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**SECTION IV (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 V (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

.....