

INSTITUTE FOR POSTGRADUATE STUDIES

POSTGRADUATE PROGRAMME

APPLICATION FOR WITHDRAWAL

1. The candidate is required to obtain verification from the Supervisors and the Dean of the faculty.
2. The candidate is required to obtain the endorsement from the Finance Division, Library, VILU and Hostel (if applicable) before submitting the application form to the Faculty.
3. For International Student: - The candidate is required to consult the Head of Visa and Immigration Liaison Unit (VILU).
4. Candidate under sponsorship: - The candidate is required to send a copy of the official withdrawal letter to the sponsored organization.
5. There is strictly no refund of fees except for the Deposit.

**PART I: TO BE COMPLETED BY THE CANDIDATE (Please circle the relevant)**

FULL NAME: \_\_\_\_\_ ID NUMBER: \_\_\_\_\_

PROGRAMME: \_\_\_\_\_ FACULTY: FOE/ FCI/ FCM/ FOM/ GSM/ FET/ FIST/ FOB

*For Structure A* : M.Phil. (Mgmt.) / M.Eng.Sc. / M.Sc. (I.T.) /  
M.Sc. (C.M.) / Ph.D. (Mgmt.) / Ph.D. (Eng.) / Ph.D. (I.T.) / Ph.D. (C.M.)

*For Structure B & C* : M.Eng (Tele) / M.Eng (Micro) / M.Eng (Photonics) /  
M.Eng (Embedded System) / M.Eng(Advance Manufacturing Mgmt.) /  
MBA / DBA / MKM with Multimedia / MKM (E-Learning Tech.) /  
M.IT (Multimedia Comp.) / M.Comp.Sc. / M.IT (Info. Sys)

CAMPUS: CYBERJAYA/MELAKA/PSDC/OTHERS NATIONALITY: \_\_\_\_\_

EMAIL: \_\_\_\_\_ MOBILE PHONE NO.: \_\_\_\_\_

BANK ACCOUNT NO.: \_\_\_\_\_

MODE OF STUDY: FULL TIME/ PART TIME GENDER: MALE/FEMALE

DATE OF INITIAL REGISTRATION: \_\_\_/\_\_\_/\_\_\_ END OF CANDIDATURE: \_\_\_/\_\_\_/\_\_\_  
dd mm yr dd mm yr

NATIONALITY: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

CORRESPONDENCE ADDRESS: \_\_\_\_\_

TITLE OF THESIS/DISSERTATION/PROJECT: \_\_\_\_\_



**ENDORSEMENT BY VISA AND IMMIGRATION LIAISON UNIT (VILU)**

The candidate has confirmed the relevant information.

Endorsed by : \_\_\_\_\_  
(NAME) (DATE)

Signature and official stamp: \_\_\_\_\_

**PART III: VERIFICATION FROM SUPERVISOR & CO-SUPERVISOR/PROGRAMME COORDINATOR  
(Kindly tick the appropriate)**

*For Structure A only:*

**SUPERVISOR**

SUPERVISOR'S COMMENTS (If any): \_\_\_\_\_

NAME OF SUPERVISOR: \_\_\_\_\_ SIGNATURE AND OFFICIAL STAMP: \_\_\_\_\_

DATE: \_\_\_\_\_

**CO-SUPERVISOR**

CO-SUPERVISOR'S COMMENTS (If any): \_\_\_\_\_

NAME OF CO-SUPERVISOR: \_\_\_\_\_ SIGNATURE AND OFFICAL STAMP: \_\_\_\_\_

DATE: \_\_\_\_\_

*For Structure B & C only:*

PROGRAMME COORDINATOR'S COMMENTS (If any): \_\_\_\_\_

NAME OF PROGRAMME COORDINATOR: \_\_\_\_\_ SIGNATURE AND OFFICAL STAMP: \_\_\_\_\_

DATE: \_\_\_\_\_

**PART IV: FOR FACULTY USE**

Received and Verified by Faculty Manager/Assistant Manager:-

NAME: \_\_\_\_\_

SIGNATURE AND OFFICIAL STAMP: \_\_\_\_\_

DATE: \_\_\_\_\_

Date of Faculty R&D Committee meeting: \_\_\_/\_\_\_/\_\_\_  
dd mm yr

**PART V: FOR INSTITUTE FOR POSTGRADUATE STUDIES USE**

Received and Verified by IPS Manager:-

NAME: \_\_\_\_\_

SIGNATURE AND OFFICAL STAMP: \_\_\_\_\_

DATE: \_\_\_\_\_

**Note:**

- (1) The Faculty shall send the form to IPS after the Faculty R&D Committee Meeting.
- (2) The Application for withdrawal shall be submitted to Senate for noting purpose through the Board of Postgraduate Studies.