

INSTITUTE FOR POSTGRADUATE STUDIES

POSTGRADUATE PROGRAMME

APPLICATION FOR THE CHANGE OF CANDIDATURE STATUS

1. The candidate is required to obtain the verification from the Supervisors (for Structure A only).
2. The candidate must pay the late registration fees (if any) before applying to change the status from Defaulted to Active. The candidate is required to obtain the endorsement from the finance division before submitting the application form to IPS.

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: _____

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

DATE OF INITIAL REGISTRATION: ___/___/___ END OF CANDIDATURE: ___/___/___
dd mm yr dd mm yr

CHANGE STATUS: (Please tick the relevant)

- Leave of Absence to Active
 Defaulted to Active (Please fill-up section II)

REASON FOR CHANGE:

SIGNATURE OF CANDIDATE: _____

DATE: ___/___/___
dd mm yr

PART II:

ENDORSEMENT BY THE FINANCE DIVISION (Please circle the appropriate)

The late registration fee of RM 250 (for Structure A)/ RM 100 (for Structure B & C) has been received.

Endorsed by : _____
(NAME) (DATE)

Signature and official stamp: _____

PART III (for Structure A only):

VERIFICATION FROM SUPERVISOR AND CO-SUPERVISOR

SUPERVISOR: _____ SIGNATURE AND OFFICIAL STAMP: _____
DATE: _____

CO-SUPERVISOR: _____ SIGNATURE AND OFFICIAL STAMP: _____
DATE: _____

PART IV: FOR FACULTY USE

Received and Verified by Faculty Manager/Assistant Manager:-

NAME: _____ SIGNATURE AND OFFICIAL STAMP: _____
DATE: _____

PART V: FOR INSTITUTE FOR POSTGRADUATE STUDIES USE

Received and Verified by IPS Manager:-

NAME: _____ SIGNATURE AND OFFICIAL STAMP: _____
DATE: _____

