

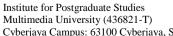
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INSTITUTE FOR POSTGRADUATE STUDIES

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: <u>For Structure A</u> : 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.)	FACULTY: FOE/ FCI/ FCM/ FOM/ GSM/ FET/ FIST/ FOB	
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:// dd mm yr	END OF CANDIDATURE://_dd mm yr	
NATIONALITY:	EMAIL ADDRESS:	
CORRESPONDENCE ADDRESS:		
TITLE OF THESIS/DISSERTATION/PROJECT:		



Cyberjaya Campus: 63100 Cyberjaya, Selangor Darul Ehsan, Malaysia

Tel: 603-83125276/5292/5133 Fax: 603-83125300

Melaka Campus: Jalan Ayer Keroh Lama, 75450 Melaka, Malaysia

Tel: 606-2523564 Fax: 606-2317141 Url: http://www.mmu.edu.my



REASON FOR WITHDRAWAL:	
Financial difficulty Personal matter	Career advancement
Obtained offer from other University local university	self-financed
foreign university	sponsorship / scholarship
Other (Diagon livelife)	
Other (Please Justify)	
SIGNATURE OF CANDIDATE:	DATE:// dd mm yr
PART II:	
ENDORSEMENT BY THE FINANCE DIVISION	
The candidate has NO outstanding fees.	
Endorsed by :	
(NAME)	(DATE)
Signature and official stamp:	
3 1	_
ENDORSEMENT BY THE LIBRARY	
The candidate has returned all materials and has NO outstanding fees.	
Endorsed by :(NAME)	(DATE)
(u unit)	(5/112)
Signature and official stamp:	_
ENDORSEMENT BY HOSTEL UNIT (if applicable)	
The candidate has returned the hostel key.	
Endorsed by :	
(NAME)	(DATE)
Signature and official stamp:	
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ENDORSEMENT BY VISA AND IMMIGRATION LIAISON UNIT (V	I <u>LU)</u>
The candidate has confirmed the relevant information.	
Endorsed by :	
(NAME)	(DATE)
Signature and official stamp:	
PART III: VERIFICATION FROM SUPERVISOR & CO-SUPERVIS (Kindly tick the appropriate)	OR/PROGRAMME COORDINATOR
For Structure A only:	
SUPERVISOR	
SUPERVISOR'S COMMENTS (If any):	
NAME OF CURERUISOR	CIONATURE AND OFFICIAL CTAMP
NAME OF SUPERVISOR:	SIGNATURE AND OFFICIAL STAMP:
DATE:	
CO CUREDVICOR	
<u>CO-SUPERVISOR</u>	
CO-SUPERVISOR'S COMMENTS (If any):	
NAME OF CO-SUPERVISOR:	SIGNATURE AND OFFICAL STAMP:
DATE:	
DATE.	
For Structure B & C only:	
1 of Structure B & C only.	
PROGRAMME COORDINATOR'S COMMENTS (If any):	
NAME OF PROGRAMME COORDINATOR:	SIGNATURE AND OFFICAL STAMP:
DATE	
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.