

**POSTGRADUATE PROGRAMME
APPEAL OF RE-INSTATEMENT**

The candidature shall be terminated if:

1. The candidate is not able to complete the programme within the maximum period.
2. The candidate conducts himself in such a manner that is deemed to contravene any Statute, Rule or Regulation of the University.
3. The candidate's project progress is unsatisfactory for three consecutive progress monitoring evaluations.
4. The candidate does not pay the required fees within a stipulated period.
5. The candidate is found guilty of examination offence.
6. The candidate fails on his third consecutive attempt within the maximum period of proposal defence or obtains the grade of 'US' beyond the maximum period of proposal defence, whichever is earlier (Structure A).
7. The students who are on PROBATION for 3 consecutive semesters shall be terminated.
 - A candidate shall be put under Probation status if upon 15 credit hours, the candidate's GPA in a trimester is below 2.00 (Structures B & C- Master level).
 - A candidate shall be put under Probation status if upon 24 credit hours, the candidate's GPA in a trimester is below 2.67 (Structures B & C- Master level).
 - A candidate shall be put under Probation status if upon 18 credit hours, the candidate's CGPA is below 2.00 for TWO consecutive semesters (Structure B- Doctoral level).

The payment of the re-instatement fee is payable upon approval of the appeal by Dean of IPS.

PART I: TO BE COMPLETED BY THE CANDIDATE (Please tick (✓) the relevant)																
FULL NAME:	ID NUMBER:															
PROGRAMME:	FACULTY:															
MODE OF STUDY:	NATIONALITY:															
PERSONAL EMAIL:	MOBILE PHONE NO.:															
DATE OF INITIAL REGISTRATION:	END OF CANDIDATURE:															
CORRESPONDENCE ADDRESS:																
TERMINATION DATE: ___/___/___ <div style="display: flex; justify-content: space-between; width: 100%;"> dd mm yr 1st / 2nd / 3rd / ___th RE-INSTATEMENT </div>																
REASON OF TERMINATION / POOR PROGRESS / LAPSE OF CANDIDATURE: <hr/> <hr/>																
PREVIOUSLY APPROVED EXTENSION (If any): <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th style="width: 8%;">NO.</th> <th style="width: 18%;">FROM (DATE)</th> <th style="width: 18%;">TO (DATE)</th> <th style="width: 18%;">DURATION (MONTHS)</th> <th style="width: 48%;">REASON</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>		NO.	FROM (DATE)	TO (DATE)	DURATION (MONTHS)	REASON										
NO.	FROM (DATE)	TO (DATE)	DURATION (MONTHS)	REASON												

JUSTIFICATION FOR APPEAL OF RE-STATEMENT:

SIGNATURE OF CANDIDATE: _____

DATE: ___/___/___
dd mm yr

PART II: ENDORSEMENT BY INTERNATIONAL STUDENT CENTRE

The candidate has confirmed the relevant information.

Visa expiry date: _____

Comments:

ENDORSED BY: _____

DATE: _____

Signature and official stamp: _____

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

For Structure A only:

SUPERVISOR

RECOMMENDED NOT RECOMMENDED

SUPERVISOR'S COMMENTS (If any): _____

NAME OF SUPERVISOR: _____ SIGNATURE AND OFFICIAL STAMP: _____

DATE: _____

CO-SUPERVISOR

RECOMMENDED NOT RECOMMENDED

SUPERVISOR'S COMMENTS (If any): _____

NAME OF SUPERVISOR: _____ SIGNATURE AND OFFICIAL 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

Recommendation/Comments by Faculty Dean:

Reinstatement is **recommended/not recommended**
(Please provide justification for recommendation)

Signature and Stamp

Date: _____

Decision by Dean of IPS:

Reinstatement is **approved/not approved**
(Please provide justification for recommendation)

Signature and Stamp

Date: _____

PART IV - PAYMENT OF THE RE-INSTATEMENT FEE - To be completed by the Finance Division.

I confirm that I have received the extension of candidature fee of: * RM500.00

Endorsed by:

Name: _____

Signature: _____

Designation: _____

Date: _____

PART V: FOR INSTITUTE FOR POSTGRADUATE STUDIES USE

Received and Verified by IPS Manager/Assistant Manager: -

NAME: _____ SIGNATURE AND OFFICIAL STAMP: _____

DATE: _____

Note:

- (1) The candidate must submit the form to Faculty Once Part I to III is completed.
- (2) Once the reinstatement has approved by the Dean of IPS, IPS will issue the letter to the student.
- (3) Students needs to pay for the reinstatement fee and the form must be completed by the Finance Division.