#### POSTGRADUATE FORMS

#### CANDIDATURE MATTERS

- 1. Academic Transcript (Starting July 2017, please proceed to UTM TrAS for application)
- 2. Appeal For Reinstatement of Terminated Status
- 3. Application for Credit Transfer & Exemption
- 4. Change of Address
- 5. Change of Passport No.
- 6. Change of Program and Type of Study (For Local Student)
- 7. Change of Program and Type of Study (For International Student) Variation and Progression (Please get the recommendation from UTM International Office before proceed with the application)
- 8. Course Registration
- 9. Course Registration (Amendment)
- 10. Course Withdrawal
- 11. Deferment of Study (For Local Student)
- 12. Deferment of Study (For International Student)

Please surrender your passport to UTM International
Office for cancellation of student pass

- 13. Verification of Graduate
- 14. Withdrawal from Study



#### **REDUCTION OF TUITION FEES**

- Not qualified for student intake Semester II, 2016/2017 onwards (SPS Academic Circular No. 4/2016 - New Fee Structure for Registration of Full-Time Post Graduate Studies)
- 1. Fees Reduction for Research Students
- 2. Fees Reduction for Mixed Mode Students
- 3. Fees Reduction for Taught Course Students
- 4. Fees Reduction for Senior Citizens Students (for Malaysian Only)
- 5. Fees Reduction for Difference Disability Students (for Malaysian Only)



## GUIDELINES FOR CREDIT TRANSFER



#### Application Form for Credit Transfer

Fill up your personal details

Fill up course taken in previous institution

Your signature and date. Once completed, email your form to your respective faculty

|   | U U U                                     | APPLICATION FOR CRE PLEASE READ CAREFU  Complete all details an | JLLY AND        | REFER TO                   | THE GUIDELINES                     | UTM.E/3.8<br>(Amendment 1/08) |
|---|---|---|-----------------|----------------------------|------------------------------------|-------------------------------|
|   | SECTION A: TO BE                          | COMPLETED BY STUDENT  |                 |                            |                                    |                               |
|   | Application for (please                   | tick ✓ the appropriate box) : Credit                            | t Transfer      | (CT)                       | Exemption (CE)                     |                               |
|   | Student's Name :_                         | (In BLOCK letters and as stated in                              | n Identity (    | Card/Passnort              | 1                                  |                               |
|   | IC No./Passport/ISID :                    |   | Tidenaty (      | MatricCar                  |                                    |                               |
|   | Session/Semester                          | :   | Ye              | ar/Programn                | ne:                                |                               |
|   | Total Credit Transfer (0                  | CT) / Credit Exemption (CE):                                    |                 |                            |                                    |                               |
|   | Previous Semester  Name of Previous Insti | : [ ] itution :   |                 | Current Se                 | mester:                            |                               |
|   |   |   |                 |                            | f study :                          |                               |
|   |   | ious institution (Please provide information                    |                 |                            | ,                                  |                               |
|   | No Course Code (as stated in transcript)  | Course Title (as stated in transcript)                          | Credit<br>Hours | Grade<br>Obtained          | Course Code<br>(as offered by UTM) | Approved<br>Credits           |
|   | напэспреј                                 |   |                 |                            |                                    |                               |
|   |   |   |                 |                            |                                    |                               |
|   |   |   |                 |                            |                                    |                               |
|   |   |   |                 |                            |                                    | -                             |
|   |   |   |                 |                            |                                    |                               |
|   |   |   |                 |                            |                                    |                               |
|   |   |   |                 |                            |                                    |                               |
|   |   | <u> </u>  |                 |                            |                                    |                               |
|   |   |   |                 |                            |                                    |                               |
|   |   |   |                 |                            |                                    |                               |
| > | Student's Signature                       |   | -               | Da                         | te://                              |                               |
|   | SECTION B: FOR FAC                        | CULTY OFFICE USE  |                 |                            |                                    |                               |
|   | Total Credits: Approve                    | ed  |                 |                            |                                    |                               |
|   | (Dean/Head of Departr                     | ment/ Faculty's Representative)                                 |                 | Da                         | te://                              |                               |
|   |   | nsfer/credit exemption approval:                                |                 |                            |                                    |                               |
|   |   |   |                 |                            |                                    |                               |
|   |   | (1st copy – Faculty Office, 2nd copy – Acade                    | emic Advis      | or, 3 <sup>rd</sup> copy – | Student)                           |                               |
|   |   |   |                 |                            |                                    |                               |



# GUIDELINES FOR DEFERMENT OF STUDY (LOCAL STUDENT)

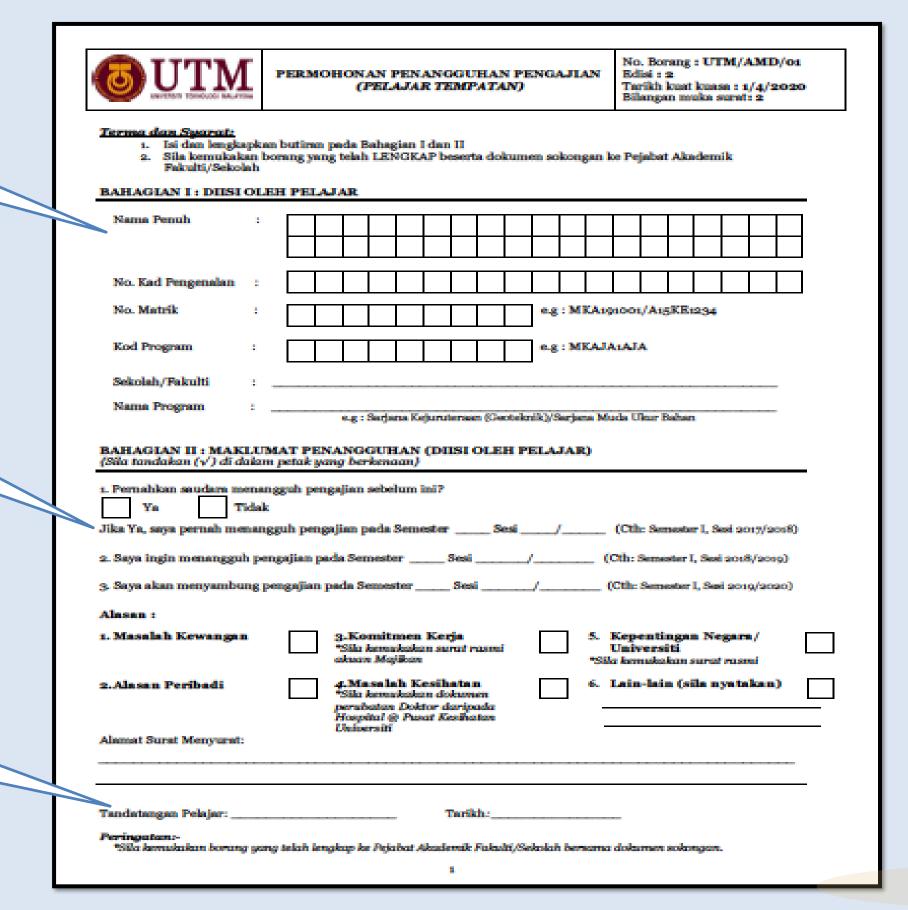


#### Application Form for Deferment

Fill up your details in Section I

Fill up the deferment details in Section II

Your signature and date





#### Application Form for Deferment

Section IV: To be filled by supervisor. You need to email to your respective supervisor.

Section V: To be filled by Assistant Chair/ Director/Program Coordinator

Once completed, email your form to your respective faculty for further action.

| <b>U</b> I                    | ·M PE                      | RMOHONAN PENANGGUE<br>(PELAJAR TEMP)                                 |                                       | No. Borang : UTM/AMD/or<br>Edisi : 2<br>Tarikh kuat kuasa : 1/4/202<br>Bilangan muka surat: 2 |
|-------------------------------|----------------------------|--|---------------------------------------|---|
| BAHAGIAN IV<br>PENYELIDIKA    | : SOKONGAN<br>N SAHAJA) (: | PENYELIA (UNTUK PELA<br>Sila tandakan (√) di dalam pe                | JAR PASCA SISW<br>tak yang berkenaan) | AZAH - MOD CAMPURAN 8   |
| Disokon<br>Tidak D            | ng<br>Disokong             | Komen Penyelia:  |                                       | Tandatangan & Cop :   |
| 700 000 000 000 000           |                            |  |                                       | Tarikh :  |
|                               |                            | AIB PENGERUSI SEKOLA<br>ak yang berkenaan)                           | H /PENGARAH / I                       | COORDINATOR   |
| Dilulusi<br>Tidak D           | kan<br>Siluluskan          | Komen Naib Pengerusi S<br>Pengarah/Koordinator:                      |                                       | Tandatangan & Cop :   |
|                               |                            |  |                                       | Tarikh :  |
|                               |                            | EGUNAAN PEJABAT AKAI<br>Sila tandakan (√) di dalam pe                |                                       |   |
| Kelulusan                     |                            | iluluskan  | Ulasan :                              |   |
| _                             | T                          | idak Diluluskan  |                                       |   |
| Semester<br>Tangguh           | econtoh : Si               | m 2-2019/2020  |                                       |   |
| Kod<br>Keaktifan<br>Tangguh   | (I                         | -Tangguh Pengajian<br>Dikira dalam Tempoh<br>engajian)               | Tandatangan &                         | Cop TP/PP:  |
|                               | (7<br>Po                   | – Cuti Sakit<br>Tidak Dikira dalam Tempoh<br>engajian)<br>– Kes Khas | Tarikh :                              |   |
|                               | Po                         | Pidak Dikira dalam Tempoh<br>engajian)                               | STATUS KI                             | EMASKINI REKOD AIMS   |
| Baki                          |                            |  | Dikemaskini<br>oleh                   | :   |
| Semester                      |                            |  | Tarikh                                |   |
| Semester<br>Semester<br>Akhir | contoh : Si                | m 2-2019/2020  | INTIKA                                |   |



# GUIDELINES FOR DEFERMENT OF STUDY (INTERNATIONAL STUDENT)

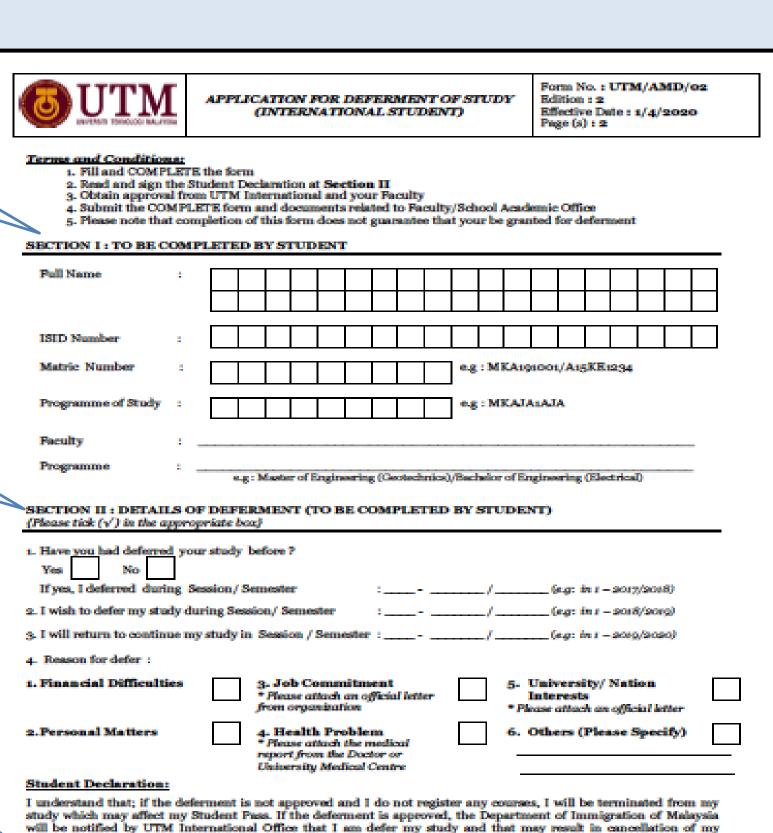


#### Application Form for Deferment

Fill up your details in Section I

Fill up the deferment details in Section II

Your signature and date



Deather:

Reminder: \*Please submit the COMPLETE form and documents related to Faculty/School Academic Office

Student Pass. I am obliged to pay any outstanding fees to UTM.

Student's Signature :



#### Application Form for Deferment

Section III : To be filled by UTM International

Section IV : To be filled by your supervisor

Section V: To be filled by Assistant Chair/ Director/Program Coordinator

| UTM<br>HEYCHOT TOUGHOUSE MAATON                                       | APPLICATION FOR DEFERMENT OF STUD<br>(INTERNATIONAL STUDENT)   | Form No.: UTM/AMD/02  Edition: 2  Effective Date: 1/4/2020  Page (s): 2 |
|---|--|---|
| BCTION III : TO BE CO<br>Please tick (√) in the appr                  | OMPLETED BY UTM INTERNATIONAL OFFICE coprists box}   | E   |
| Approved  | Not Approved   |   |
| 7TM International Officer   | signature & stamp:   |   |
|   |  |   |
| ignature :<br>Please surrender your                                   | CAN THE STATE OF T | le :  |
|   | ISOR RECOMMENDATION (FOR POSTGRADU<br>lick (√) in the appropriate bax)   |   |
| Recommended   | Supervisor's comments:   | Signature & Stamp :   |
| Not recommend   | red  | 67.<br>2120 B   |
|   |  |   |
|   |  | Date:   |
| SECTION V : APPROVA   | L BY ASSOC. CHAIR/ DIRECTOR OR COORD!<br>in the appropriate box?   |   |
|   |  |   |
| CHOOL (Please tick (v)  | ) in the appropriate box)  Assoc. Chair/Director/Coordinator   | NATOR OF THE FACULTY/   |
| Approved  Not Approved  | ) in the appropriate box)  Assoc. Chair/Director/Coordinator   | NATOR OF THE FACULTY/ Signature & Stamp: Date:                          |
| Approved  Not Approved  | Assoc. Chair/Director/Coordinator comments:  OR FACULTY/SCHOOL ACADEMIC OFFICE U   | NATOR OF THE FACULTY/ Signature & Stamp: Date:                          |
| Approved Not Approved   | Assoc. Chair/Director/Coordinator comments:  OR FACULTY/SCHOOL ACADEMIC OFFICE U  (Please tick (V) in the appropriate box)   | NATOR OF THE FACULTY/ Signature & Stamp: Date:                          |
| Approved Not Approved  Approved  I  Approved:                         | Assoc. Chair/Director/Coordinator comments:  OR FACULTY/SCHOOL ACADEMIC OFFICE U (Please tick (v') in the appropriate box)  Approved  Comments:  | NATOR OF THE FACULTY/ Signature & Stamp: Date:                          |
| Approved Not Approved  Approved  Page 15  Approved  Deferred :  Le: 5 | Assoc. Chair/Director/Coordinator comments:  OR FACULTY/SCHOOL ACADEMIC OFFICE U (Please tick (v/) in the appropriate box)  Approved  Not Approved  Not Approved   | NATOR OF THE FACULTY/ Signature & Stamp: Date:                          |
| Approved Not Approved  Approved  Figure 1:  Deferred :                | Assoc. Chair/Director/Coordinator comments:  OR FACULTY/SCHOOL ACADEMIC OFFICE U (Please tick (v') in the appropriate box)  Approved  Not Approved  Approved  Approved  Approved  Approved  Signature & Signature  | NATOR OF THE FACULTY/ Signature & Stamp: Date:                          |
| Approved Not Approved  Approved  Page 15                              | Assoc. Chair/Director/Coordinator comments:  OR FACULTY/SCHOOL ACADEMIC OFFICE U (Please tick (v') in the appropriate box)  Approved  Not Approved  Approved  4-Deferment of Study (Senseter deferred is counted) 7 - Medical Leave  | Signature & Stamp :  Date : SE ONLY                                     |
| Approved Not Approved  Approved  Page 15                              | Assoc. Chair/Director/Coordinator comments:  OR FACULTY/SCHOOL ACADEMIC OFFICE U (Please tick (v') in the appropriate box)  Approved  Not Approved  A-Deferment of Study (Semester deferred is counted) 7 - Medical Leave (Semester deferred is not counted) 0 - Special Case (Semester deferred is not counted) Date:   | Signature & Stamp :  Date : SE ONLY                                     |

Please surrender your passport to UTM International Office for cancellation of student pass

Once completed, email your form to your respective faculty for further action.



### GUIDELINES FOR COURSE WITHDRAWAL



#### Application Form for Course Withdrawal

Fill up your details

Fill up the previous total credit registered

Your signature and date.

|  | HDRAWAL FORM (TD) UTM.E/3-2 OURSE REGISTRATION SLIP (Amendment 1/08) |
|--|--|
| Matric Card Number :                                       |  |
| Identity Card/Passport No. :                               |  |
| Name :   | d as stated in Identity Card/Passport)                               |
| Faculty :  | and district in recently current district.                           |
| Programme :  |  |
| Session/Semester :   |  |
| Previous Total Credits Hours Registered (Excluded 'HS' sta |  |
| Course Code Section Credit                                 | Lecturer's Signature   |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  | Agree/Disagree   |
| (Student's Signature)                                      | (Academic Advisor's or Supervisor's Signature)                       |
| Date:/   | Name:  |
|  | Date:/   |
| IF THE ACADEMIC ADVIS                                      | OR DISAGREE  |
| Dean's/Deputy Dean's of Academic Decision                  | Approved/Not Approved  |
| Signature  | Date//   |

Get your lecturer's signature

Get your Supervisor or Program Coordinator's approval

Email the complete form to your respective faculty for further action.



### **GUIDELINES FOR** CHANGE OF PROGRAM AND TYPE OF STUDY (LOCAL STUDENT)



#### UTM Application Form for Change of Program and Type of Study

Edition: 3

Form No.: AMD/PG/09

Effective Date: 1/9/2018

Fill up your details

Your correspondence address, signature and date

| UNIVERSITI TERNOLOGI MALAYSIA  | SKNIC    | JENIS PENGAJIAN<br>(PELAJAR TEMPATAN)                     |      |          |      |          |          |      |          |              |  |      | Page (s) : 2 |      |     |      |      |       |               |
|--|----------|---|------|----------|------|----------|----------|------|----------|--------------|--|------|--------------|------|-----|------|------|-------|---------------|
| BAHAGIAN I (DIISIKA  | N OLE    | н ре  | LAJ  | AR)      |      |          |          |      |          |              |  |      |              |      |     |      |      |       |               |
| Nama Penuh :   | Г        | _   | _    |          | _    |          |          |      |          |              |  |      | _            | _    | _   | _    | _    | _     | $\overline{}$ |
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|  | 닏        | +   | ₩    | $\vdash$ | ⊨    | $\vdash$ | $\vdash$ | H    | $\vdash$ | $\vdash$     | $\vdash$   |      | ⊨            | ₩    | ₩   | ⊨    | ₩    | 늗     | 뭐             |
| No. MyKAD :  | L        |   |      |          |      |          |          |      |          |              |  |      |              |      |     |      |      | L     | Ш             |
| ila tandakan (√) di da   | am pe    | tak y   | ang  | berl     | cena | an /     | Per      | mol  | hona     | an u         | ntul   | k:   |              |      |     |      |      |       |               |
| PERTUKARAN PROC<br>Permohonan dibuat selepa<br>Ian sekali sepanjang peng | s meng   |   |      |          |      |          |          |      |          | KAF<br>in di |  |      |              |      |     |      |      | mga   | ijian [       |
| MAKLUMAT PROGR   | RAM      | PROGRAM ASAL  |      |          |      |          |          |      |          |              |  |      | P            | ROC  | GRA | мв   | ARU  | J     |               |
| Fakulti/ Sekolah   |          |   |      |          |      |          |          |      |          |              |  |      |              |      |     |      |      |       |               |
| Nama Program   |          |   |      |          |      |          |          |      |          |              |  |      |              |      |     |      |      |       |               |
| Kod Program  |          |   |      |          |      |          |          |      |          |              |  |      |              |      |     |      |      |       |               |
| Kaedah Pelaksanaan   |          |   |      |          |      |          |          |      |          |              |  |      |              |      |     |      |      |       |               |
| Jenis Pengajian  |          | Kerja Kursus  Kerja Kursus dan Penyelidikan  Penyelidikan |      |          |      |          |          |      |          |              | Kerja Kursus<br>Kerja Kursus dan<br>Penyelidikan<br>Penyelidikan |      |              |      |     |      |      |       |               |
| Lokasi   |          |   |      |          |      |          |          |      |          |              |  |      |              |      |     |      |      |       |               |
| No. Matrik   |          |   |      |          |      |          |          |      |          |              |  |      |              |      |     |      |      |       |               |
| Alasan/Justifikasi :   |          |   |      |          |      |          |          |      |          |              |  |      |              |      |     |      |      |       |               |
| Alamat Surat Menyura   | t :      |   |      |          |      |          |          |      |          |              |  |      |              |      |     |      |      |       |               |
| 「andatangan Pelajar :  |          |   |      |          | _    |          | Taril    | kh : |          |              |  |      |              |      |     |      |      |       |               |
| Peringatan :-<br>*Sila kemukakan borang y<br>Cadangan Penyelidikan.      | ang tel  | ah leng   | gkap | ke B     | ahag | ian I    | eng      | ırus | an Al    | kade         | mik (  | deng | gan d        | loku | men | soko | ngan | ı. Co | ntohn         |

Fill up your details for change of program/ type of study



#### UTM Application Form for Change of Program and Type of Study

Section II: To be filled by your supervisor and Deputy Dean

Section III : To be filled if you change faculty or school

| UTM UNIVERSITI TEXNOLOGI MALAYSIA                       | ACADEMIC MANAGOFFICE OF THE DEPUT (ACADEMIC & IN  PERMOHONAN PERTU JENIS PEN (PELAJAR T | Y VICE-CHANCELLOR<br>TERNATIONAL)<br>UKARAN PROGRAM &<br>NGAJIAN          | Form No.: AMD/PG/09 Edition: 3 Effective Date: 1/9/2018 Page (s): 2 |
|---|---|---|---|
| BAHAGIAN II (DIISI OI                                   | LEH PENYELIA & TIMBAL   | AN DEKAN)   |   |
| Komen Penyelia :  |   | Komen Timbalan Dekan :  |   |
| Disokong  | Tidak Disokong  | Diperakukan  Tandatangan & Cop Timba                                      | Tidak Diperakukan   |
| Jika permohonan melil                                   | batkan pertukaran fakulti<br>DLEH PENYELIA & TIMBAI                                     | baharu  |   |
| Komen Penyelia :  |   | Komen Timbalan Dekan :  |   |
| Layak   | Tidak Layak   | Layak   | Tidak Layak   |
| Fandatangan & Cop Penyel                                | ia:   | Tandatangan & Cop Timba   | lan Dekan :   |
| Fandatangan & Cop Penyeli                               | ia:   |   | lan Dekan :   |
| Tarikh :  | ia :<br>Bahagian Pengurusan Akad  | Tarikh :  |   |
| Kegunaan B  |   | Tarikh :  |   |
| Kegunaan B  Keputusan : Dil  Mulai semester :  Ulasan : | Sahagian Pengurusan Akad<br>luluskan  | Tarikh :emik (For Academic Mana<br>Tidak diluluskan<br>Tandatangan :      | agement Division)   |
| Kegunaan B  Keputusan : Dil  Mulai semester :  Ulasan : | 3ahagian Pengurusan Akade<br>luluskan   | Tarikh : emik (For Academic Mana Tidak diluluskan  Tandatangan : Tarikh : | agement Division)   |

Email the completed form to amdpg@utm.my for further action



### **GUIDELINES FOR** CHANGE OF PROGRAM AND TYPE OF STUDY (INTERNATIONAL STUDENT)



#### UTM Application Form for Change of Program and Type of Study

Fill up your details

Your correspondence address, signature and date

| BUTM  | OI              | FFICE                | OF T            | THE           | MAN<br>DEP<br>IIC &      | UT            | YVI           | ICE-         | CHA              | ANCI          | ELL          |          | l             | Form<br>Editi | on:   | 3       |       |           |          |   |   |
|---|-----------------|----------------------|-----------------|---------------|--------------------------|---------------|---------------|--------------|------------------|---------------|--------------|----------|---------------|---------------|-------|---------|-------|-----------|----------|---|---|
| UNIVERSITI TEXNOLOGI MALAYSIA   | APF             | PLICAT               |                 | T             | OR CH<br>TYPE (<br>NATIO | OF            | STU           | UDY          | -                |               | AMI          | ME 8     |               | Effec<br>Page |       |         | 2:1/  | 9/:       | 201      | 8 |   |
| SECTION I (TO BE COM  | PLE             | TED B                | YST             | UDI           | ENT)                     | )             |               |              |                  |               |              |          |               |               |       |         |       |           |          | _ |   |
| Full Name :   | F               |                      | П               |               | П                        |               |               |              |                  |               |              |          |               |               |       |         |       | $\exists$ |          |   |   |
| ISID Number :   | +               | 버                    | $\dashv$        | $\forall$     | $\dashv$                 | $\vdash$      | $\vdash$      | $\vdash$     | $\vdash$         | Ш             | $\vdash$     | $\vdash$ |               |               |       | $\perp$ | t     | $\pm$     | $\dashv$ |   |   |
| Please tick ( $$ ) in the ap  | pproj           | priate               | box:            | $\overline{}$ |                          | $\overline{}$ |               |              | _                | $\overline{}$ | _            |          |               |               |       |         |       | _         |          | _ |   |
| . CHANGE OF PROGRA<br>Application can be made ay<br>and only once during the di | fter fir        | rst seme             | ester (<br>udy  | of st         | udy                      |               |               | Appli        | PE O<br>lication | ion ca        | an be        | е та     | de oı         | nly o         | nce o | duri    | ng ti | he        |          |   |   |
| PROGRAMME DETA  | ILS             |                      | CUF             | RE            | ENT P                    | PRO           | GR            | AMI          | ME               |               |              |          | NE            | W P           | RO    | GR/     | AMN   | ИЕ        |          |   |   |
| Faculty/ School   |                 |                      |                 |               |                          |               |               |              |                  | !             | $oxed{oxed}$ |          |               |               |       |         |       |           |          |   |   |
| Programme Name  |                 | $\perp$              |                 |               |                          |               |               |              |                  | !             | $\perp$      |          |               |               |       |         |       |           |          |   |   |
| Programme Code  |                 | $\perp$              |                 |               |                          |               |               |              |                  |               | $\perp$      |          |               |               |       |         |       |           |          |   |   |
| Type of Implementati  | on              |                      |                 |               |                          |               |               |              |                  |               | Ļ            | _        |               |               |       |         |       |           |          |   |   |
|   |                 |                      |                 |               | ght Co                   |               |               | nd           |                  | ,             | $\parallel$  |          |               | ıght<br>ıght  |       |         |       | 1         |          |   |   |
| Type of Study   |                 | _                    | R               | Rese          | earch                    | 1             | Se            | lite         |                  | ,             | $\parallel$  | $\dashv$ | Res           | sear          | ch    | ll a.   | et a. | 1         |          |   |   |
|   |                 | $\perp \!\!\! \perp$ | R               | ese           | earch                    | L             |               |              |                  | !             |              |          | Res           | sear          | ch    |         |       | _         |          |   | - |
| Location  |                 | $\perp$              |                 |               |                          |               |               |              |                  | !             | <u> </u>     |          |               |               |       |         |       |           |          |   | - |
| Matric No.  |                 |                      |                 |               |                          |               |               |              |                  | !             |              |          |               |               |       |         |       |           |          |   |   |
| Reason/Justification :  | _               |                      | _               | _             | _                        | _             | _             | _            | _                | _             | _            | _        | _             | _             | _     | _       | _     | _         | _        | _ |   |
|   |                 |                      |                 |               |                          |               |               |              |                  |               |              |          |               |               |       |         |       |           |          |   |   |
| Correspodence Address   | s:              |                      |                 | —             | —                        | —             | —             | —            | —                | —             | _            | _        | _             |               |       |         |       | _         |          | — |   |
| Student's Signature :   |                 |                      |                 |               |                          |               | Date          |              |                  |               |              |          |               |               |       |         |       |           |          | _ |   |
| Please submit complete for  |                 |                      |                 |               |                          |               |               |              |                  |               |              |          |               |               | emic  | Mar     | nage  | me        | nt       |   |   |
| Division.   |                 |                      |                 |               |                          |               |               |              |                  |               |              |          |               |               | -     |         |       |           |          |   |   |
| SECTION II (FOR UTM   |                 |                      |                 |               |                          |               |               |              |                  | _             | —            |          | —             |               |       |         |       | _         |          | _ |   |
| For International students of the pass and visa from MII                        | who w<br>D befo | vish to a            | apply<br>nissio | for o         | chang<br>r vari          | ge of<br>atio | f pro<br>n or | gran<br>prog | ress             | or ty<br>on i | pe o         | f stud   | dy, n<br>by U | nust<br>JTM.  | get t | he a    | ppro  | oval      | for      | a | _ |
| Approved  |                 |                      |                 |               | ]                        | Not           | Appr          | rover        | d                |               |              |          |               |               |       |         |       |           |          |   |   |
| UTM Internationl Officer si   | gnatu           | ire & St             | amp:            |               |                          |               |               |              |                  |               |              |          |               |               |       |         |       |           |          |   |   |
| Signature :   |                 |                      |                 |               |                          |               |               |              |                  |               |              |          |               |               |       |         |       |           |          |   |   |
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Fill up your details for change of program/ type of study

Section III : To be filled by UTM International



#### UTM Application Form for Change of Program and Type of Study

Section II: To be filled by your supervisor and Deputy Dean

Section III : To be filled if you change faculty or school

| UTM UNIVERSITI TEXNOLOGI MALAYSIA                                    | ACADEMIC MANAG<br>OFFICE OF THE DEPUT<br>(ACADEMIC & IN<br>APPLICATION FOR CHAI<br>TYPE OF<br>(INTERNATION | Y VICE-CHANCELLOR<br>TERNATIONAL)<br>NGE OF PROGRAMME &<br>STUDY                                      | Form No.: AMD/PG/10<br>Edition: 3<br>Effective Date: 1/9/2018<br>Page (s): 2 |
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Email the completed form to amdpg@utm.my for further action



# GUIDELINES FOR WITHDRAWAL FROM STUDIES



#### Application Form for Withdrawal From Studies

Fill up your details

Fill up your reason for withdrawal

Your signature and date.

| @IITM  |                 | ACADE<br>ICE OF<br>(ACA  | THE   | DEPU   |   | CE-CI                                   | HAN         | CELI          |   |   | rm No.  |                                   | D/PG/     |
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Get your lecturer's signature

Get your Supervisor and Deputy Dean approval



#### Application Form for Withdrawal From Studies

| UTM<br>UNIVERSITI TEXNOLOGI MALAYSIA   |
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| PERKARA/                               |
| SUBJECT<br>Rahan-hahan bacaan, buku-bi |

ACADEMIC MANAGEMENT DIVISION OFFICE OF THE DEPUTY VICE-CHANCELLOR (ACADEMIC & INTERNATIONAL)

PERMOHONAN PENARIKAN DIRI DARIPADA PENGAJIAN APPLICATION FOR WITHDRAWAL FROM STUDIES

Form No.: AMD/PG/13 Edition: 1 Effective Date: 1/1/2015 Page (s): 2

PENGESAHAN/ TARIKH/ CATATAN/ dan lain-lain perkara berkaitan dengan perpustakaan. (Reading materials, books and Perpustakaan Sulatan Zanariah (PSZ) related library items) Sultanah Zanariah Library (PSZ) Yuran Pengajian dan yuran-yuran berkaitan/Denda/Pinjaman (Tuition Fees & Related Fees/Fines/Loans) Pejabat Bendahari Bursar's Office Kad Matrik (Matric Card) Unit Keselamatan Security Unit Pas Pelajar (Student Pass) Pusat Pelajar Antarabangsa (ISC) International Student Centre (ISC) Penajaan (Scholarship)

Your correspondence address, tel. no, email, signature and date

|                                    | Sekolah Pengajian Siswazah (SPS)<br>School of Graduate Studies (SPS) |
|------------------------------------|--|
| Alamat surat menyurat tekini/Curre | ent correspondence address:  |
|                                    |  |
|                                    | Emel / Email:  |
| Tandatangan Pelajar/Student's Sign | nature: Tarikh/Date:   |
| Kegunaan Bahagian                  | Pengurusan Akademik (For Academic Management Division)               |
| Keputusan : Diluluskan             | Tidak diluluskan   |
| Ulasan:                            |  |
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|                                    |  |
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Get approval signature from the said department through email:

Bursar: bendahari-ukp@utm.my

Security: securityutm@utm.my

Library : norazhar@utm.my SPS : graduate@utm.my

Email the completed form to <a href="mailto:amdpg@utm.my">amdpg@utm.my</a> for further action





#### Faculty's Email & Telephone No



Faculty of Engineering tppg-fe@utm.my | +607-5558439

Faculty of Built Surveying and Architecture: fabu@utm.my | +607-5530878 / +607-5530873

Faculty of Science: pgfs@utm.my | +601-97590026

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