



COURSE REGISTRATION FORM

Student's Name: SHAKIB ZIDAN

(As stated in Identity Card/Passport)

IC No./Passport/ISID: K0000000E Race: _____

Matric Card Number: T20EA0001 Semester/Session: 1/20202021

Programme: CIVIL ENGINEERING

Email: shakib@gmail.com, shakib@graduate.utm.my

Please fill in the boxes clearly and correctly. Fill the code 'UM' in the status column for Repeat Course, 'HW' for the Compulsory Attendance, 'HS' for Attendance Only, 'HWUM' for the Compulsory Attendance Repeat Course.

NO.	COURSE CODE	SECTION	STATUS	CREDIT	LECTURER'S SIGNATURE
1.	IFM 1004		UM	4	
2.					
3.					
4.					
5.					
6.					
7.					
Total Credit (Exclusive of 'HS' courses)				4	

Mailing Address: XC1 227, KOLEJ DATO ONN JAAFAR, UNIVERSITI TEKNOLOGI MALAYSIA, UTM JB.

Postcode: 81310 Town or State: JOHOR

I intend to register for the courses above.

Agree/Disagree

SHAKIB

(Student's Signature)

(Academic Advisor's or Supervisor's Signature)

Mobile Phone No: +60122354696

Name: _____

Date: 12/10/2020

Tel. Extension: _____

Date: _____

IF THE ACADEMIC ADVISOR OR SUPERVISOR DISAGREE

Dean's/Deputy Dean's of Academic Decision

Approved/Not Approved

Signature: _____

Date: ____/____/____