



PERMOHONAN PENANGGUHAN / PERLANJUTAN PENGAJIAN
APPLICATION FOR DEFERMENT / EXTENSION OF STUDIES

Bahagian I (Diisikan oleh pelajar) / Section I (To be completed by student)

Nama Penuh: <i>Full Name:</i>			
No. KP/Pasport: <i>IC No./Passport:</i>			
No. Matrik: <i>Matric No:</i>			
Fakulti: <i>Faculty:</i>			
Program: <i>Programme:</i>			
Alamat: <i>Address:</i>			
No. Telefon: <i>Phone No:</i>		Emel: <i>E-mail:</i>	

Bahagian II (Diisikan oleh pelajar) / Section II (To be completed by student)

Sila tandakan (✓) di dalam petak yang berkenaan/ *Please tick (✓) in the appropriate box.*

- Permohonan **penangguhan** pengajian *Application for **deferment** of study*
- Permohonan **perlanjutan** tempoh pengajian *Application for **extension of candidature***
- Semester dipohon untuk penangguhan/perlanjutan pengajian/ *Semester applied for deferment/extension of study :*
Semester _____, Sesi/ *Session* _____/ _____ (contoh/e.g: in **1-2018/2019**)
- Saya akan menyambung pengajian pada/ *I will return to continue my study in :*
Semester _____, Sesi/ *Session* _____/ _____
- Sejarah penangguhan/perlanjutan pengajian (Jika ada)/ *Deferment/extension history (if any) :*
Semester _____, Sesi/ *Session* _____/ _____
Semester _____, Sesi/ *Session* _____/ _____

Alasan/Justifikasi / *Reason/Justification:*

Tandatangan Pelajar/ *Student's Signature :* _____

Tarikh/ *Date:* _____

* Sekiranya permohonan penangguhan/perlanjutan pengajian adalah disebabkan masalah kesihatan, sila kemukakan dokumen perubatan daripada doktor atau pusat kesihatan

** If the reason of deferment/extension of study is medical reason, please attach the medical report from the doctor or medical centre.*

Bahagian III (Diisi oleh Ketua Jabatan & Pengurus Besar)/ Section III (To be completed by Head of Department & General Manager)

Ulasan Ketua Jabatan:
Head of Department's Comment:

Diperakukan: Tidak Diperakukan:
Recommended: Not recommended:

Tandatangan dan Cop Rasmi Ketua Jabatan:
Head of Department's Signature and Stamp:

Tarikh/ *Date:* _____

Ulasan Pengurus Besar:
General Manager's Comment:

Diperakukan: Tidak Diperakukan:
Recommended: Not recommended:

Tandatangan dan Cop Rasmi Pengurus Besar:
General Manager's Signature and Stamp:

Tarikh/ *Date:* _____

Bahagian V (Untuk kegunaan Pejabat PPI)/ Section V (For PPI Office use)

Keputusan/ *Result:* Diluluskan/ *Approved* Tidak diluluskan/ *Not Approved*

Ulasan/ *Comment:*

Tandatangan/ *Signature:* _____

Tarikh/ *Date:* _____

Cop Rasmi/ *Official Stamp:*

Disemak dan dikemaskini rekod oleh/ *Form checked and student's record updated by:*

Tandatangan/ *Signature:* _____ Tarikh/ *Date:* _____

Nama/ *Name:* _____

Peringatan/ *Reminder* :-

* Sila kemukakan borang yang telah lengkap ke Pusat Pengajian Ijazah UTMSPACE dengan dokumen sokongan.

* *Please submit completed form with supporting documents to Centre For Degree Programmes UTMSPACE.*