

① STUDENT DETAILS

Name of Student

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Identity Card No. /
Passport No.:

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Gender: Male Female

Student ID No.:

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Program of
Study:

Mobile Phone No.:

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Current Semester /
Year:

Jan/Mac / May/July / Oct /

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② DETAILS OF REQUEST

Please any of the items below:

- Letter of Offer* (duplicate) ~ Pick up / To be mailed (complete the address section below)
- Letter of Confirmation* as a IM student ~ Pick up / To be mailed (complete the address section below)
- Result Slip (duplicate) ~ Pick up / To be mailed (complete the address section below) (fee of RM10.00) Semester/Yr: _____
- Student Card Replacement (fee of RM25.00)
- Refund (attach receipts) Amount: _____
- Other: _____

Reason for Request:

*For fund application purposes, state duration requested:

1 Semester / 1 Year / Full Course

In case of over-payment, refunds will be made directly to the institution that releases the funds, NOT TO YOU OR YOUR PARENTS / LEGAL GUARDIANS. Terms and Conditions applied.

Direct Mailing Address

For Expedited Service ~ add: local address = RM10.00; international = RM80.00

③ DECLARATION AND AGREEMENT

I agree to:

- pay the charges due before processing;
- allow one week for processing;
- check with Admission & Records Office for the status of request after one week of submitting this request;
- make a copy of this form for my record and reference.

I understand that:

- **HOLDS** on my student record may delay processing;
- I will not nominate other person to pick up my documents;
- I am responsible for furnishing correct address for direct mailing;
- I must return this form to the Admission & Records Office by hand.

I hereby declare that I have read and understand the information on this form and that the information provided by me in this form is true and complete in every particular. My signature certifies the accuracy and completeness of the information provided.

Signature of Student

Date

Place

RETURN THIS FORM TO ADMISSION & RECORDS OFFICE

OFFICE USE ONLY

Received by / Date:

Data entry by / Date:

Receipt No. / Date:

Mailed by / Date /
Pick-up Date:

CHARGES

Item:

RM

Expedited Service (total)

TOTAL

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