

INSTITUTE OF POSTGRADUATE STUDIES

REGISTRATION FORM FOR SEMESTER III

Academic Session _____

I. PERSONAL PARTICULARS OF STUDENT
Name of Student
Programme of Study School /Centre/ Institute
Passport/ I/C No Matric No.
II. COURSE INFORMATION Endorsement by Deputy Dean, School/Centre (Postgraduate Studies/Research) & Stamps
Course Code Type Units
1
2
3
Total No. of United
Total No. of Units:
*** Only complete registration form with full payment will be processed. Any enquiry regarding fees please contact Bursary Department at 04-653 3777/ 2995 or email to ukpbendahari@usm.my .
III. STUDENT'S CONFIRMATION
I hereby confirm that :
The total number ofunits registered above is correct.
2. I undertake full responsibility for any wrong insertions.
Date Signature of Student
IV. DEAN'S RECOMMENDATION
Comment (s)- (if any)
Signature & Stamp : Date :