

CENTRE FOR GRADUATE STUDIES UNIVERSITI TUN HUSSEIN ONN MALAYSIA POSTGRADUATE COURSE REGISTRATION FORM

(This form is to be filled in TWO (2) copies)

NRIC / PASSPORT NUMBER	:				
MATRICULATION NUMBER	:				
FULL NAME	:				
FACULTY	:				
ACADEMIC PROGRAMME	:				
SEMESTER	:	I II III	SESSION		
COURSE CODE SECTION			REGISTRATION STATUS /UK/HW/HS/HWUK)	LECTURER'S SIGNATURE	
] [
	-				
TOTAL CREDIT REGISTERED					
Student's Signature			Academic	Advisor's Signature	
			Name :		
			Staff ID :		
Date :			Date :		_
APPROVAL BY THE FACULTY					
I APPROVE / REJECT this application.					
		Faculty's c	omments / remar	·ks:	
Signature and official stamp of the De	ean				
		Date:			

*Approval from the Dean of the respective faculty is required for enrolment of courses exceeding a total of 20 credits.