	UKM-SPKPPP-PT(PdP)-03-AK03-BO04	No. Semakan: 01	Tarikh Kuat Kuasa: 01/04/2024
	PERMOHONAN TAMBAH MASA PENGAJIAN ***Application for Extension of Study Period***		

Bahagian A: Maklumat Diri Pelajar
Part A: Student's Detail

Nama *(Name)*				
No. Pendaftaran *(Registration Number)*		**Fakulti/ Institut** *(Faculty/Institute)*		
No. Telefon *(Telephone Number)*		**E-mel** *(E-mail)*		
Program Pengajian *(Program)*	**Sarjana Muda** *(Undergraduate)*	**Sarjana** *(Masters)* ☐	**Doktor Falsafah** *(Doctor of Philosophy)* ☐	
Bentuk Pendaftaran *(Type of registration)*	**Sepenuh Masa** *(Full Time)*	**Separuh Masa** *(Part Time)* ☐		
Semester/Sesi Permohonan *(Semester/Session of Application)*				
Rekod Tambah masa (Jika Ada) *(Extension Record) (if any)*	Semester _____ Sesi (Session) _____ Semester _____ Sesi (Session) _____ Semester _____ Sesi (Session) _____ Semester _____ Sesi (Session) _____			

Sebab-sebab permohonan *(Reason)* :

_____

_____

_____

Sila gunakan lampiran sekiranya ruangan yang disediakan tidak mencukupi
(Please use attachments if the space provided is insufficient)
Sila kemukakan bersama dokumen yang berkaitan
(Please submit with the relevant documents)

Tandatangan : _____ Tarikh : _____
(Signature) *(Date)*

	UKM-SPKPPP-PT(PdP)-03-AK03-BO04	No. Semakan: 01	Tarikh Kuat Kuasa: 01/04/2024
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Bahagian B: Perakuan Penyelia / Penyelaras Program (bagi permohonan Sarjana/ Kedoktoran SAHAJA)
(Part B: Approval from supervisor/program coordinator (for Masters/ Doctor of Philosophy ONLY)

Permohonan : ☐ Disokong *(Agree)* ☐ Tidak disokong *(Disagree)*

Ulasan (*Remarks*):

_____

_____

_____

Tandatangan : _____ Tarikh : _____
(Signature) *(Date)*

Nama dan Cap Rasmi *:* _____
(Name and Official Stamp)

Bahagian C : Kelulusan Fakulti / Institut
(Part C : Approval from Faculty / Institute)

Permohonan : ☐ Diluluskan (Approve) ☐ Tidak diluluskan (Not Approve)

Tandatangan : _____ Tarikh : _____
(Signature) *(Date)*

Nama dan Cap Rasmi:_____
(Name and Official Stamp)