

**PUSAT PENTADBIRAN DAN PERKHIDMATAN AKADEMIK
UNIVERSITI MALAYA
ACADEMIC ADMINISTRATION AND SERVICES CENTRE
UNIVERSITY OF MALAYA**

**BORANG RAYUAN UNTUK PELANJUTAN TEMPOH MAKSIMUM PENCALONAN
APPEAL TO EXTENT THE MAXIMUM PERIOD OF CANDIDATURE FORM**

Kepada: Seksyen Kemasukan & Pendaftaran
To: Pusat Pentadbiran dan Perkhidmatan Akademik
Admission & Registration Section
Academic Administration and Services Centre

**BAHAGIAN A – Diisi oleh Calon
PART A – To be completed by the Candidate**

Nama : _____	No. Matrik: _____
Program: _____	Fakulti/Akademi/ _____
Programme: _____	Pusat/Institusi: _____
	Faculty/Academy/ _____
	Centre/Institute: _____

Permulaan Pencalonan: <i>Commencement of Candidature:</i>	Semester <i>Semester:</i>	Sesi <i>Session:</i>	Tamat Pencalonan Maksimum: <i>Maximum Period of Candidature:</i>	Semester <i>Semester:</i>	Sesi <i>Session:</i>
_____	_____	_____	_____	_____	_____

Tempoh pelanjutan yang telah diluluskan (jika ada): *Approved extension period (if any):* _____
Tempoh pelanjutan yang dipohon: *Extension duration required:* _____

**Sila sertakan lampiran jika ruang tidak mencukupi
Please enclose an attachment if space is insufficient

Semester <i>Semester:</i>	Sesi <i>Session:</i>	Semester <i>Semester:</i>	Sesi <i>Session:</i>
_____	_____	_____	_____

Justifikasi Permohonan: (Sila kemukakan bukti seperti sijil perubatan dsb.):
*Justification (Please enclose a copy of related documents as proof e.g. –
Medical Certificates etc.):*

Tandatangan Calon: _____
Signature:

Tarikh: _____
Date:

**BAHAGIAN B – Diisi oleh: Penyelia (bagi calon secara Penyelidikan) /
Timbalan Dekan/Pengarah (Ijazah Tinggi) (bagi calon secara Kursus dan Mod
Campuran)**

**PART B – To be completed by: Supervisor (for candidates by research) /
Deputy Dean/Director (Higher Degree) (for candidates by Coursework &
Mixed-mode)**

PERAKUAN: Disokong/Tidak Disokong* untuk diaktifkan pencalonan .
RECOMMENDATION: I support/ do not support* the candidature to be reactivated.

Ulasan Lain (jika ada) : _____
Comments (if any):

Tandatangan : _____
Signature:

Tarikh : _____
Date:

Nama: _____
Name:

Cop Rasmi: _____
Official Stamp:

BAHAGIAN C – Diisi oleh Dekan / Pengarah
PART C – To be completed by the Dean/Director

Saya **MEMPERAKUKAN/TIDAK MEMPERAKUKAN*** supaya calon diaktifkan pencalonan.
I hereby RECOMMEND/DO NOT RECOMMEND the candidature be reactivated.*

Ulasan Lain (jika ada) : _____
Comments (if any): _____

Tandatangan : _____
Signature: _____
Nama: _____
Name: _____
Tarikh : _____
Date: _____
Cop Rasmi: _____
Official Stamp: _____

BAHAGIAN D – Untuk Kegunaan Pejabat Timbalan Naib Canselor (Akademik & Antarabangsa)
PART D - For Office of Deputy Vice Chancellor (Academic & International) Use
Sila tandakan (✓) pada ruang berkenaan
Please tick (✓) in the related box

Diluluskan Tidak diluluskan
Approved Not Approved

Ulasan Lain (jika ada) : _____
Comments (if any): _____

Tandatangan : _____
Signature: _____
Nama: _____
Name: _____
Cop Rasmi: _____
Official Stamp: _____
Tarikh : _____
Date: _____

* Sila polong mana yang tidak berkenaan.
*Strikethrough whichever is not applicable