



PUSAT PENGAJIAN SISWAZAH / CENTRE OF POSTGRADUATE STUDIES
UNIVERSITY COLLEGE BESTARI
PUTERA JAYA, 22100 BANDAR PERMAISURI,
TERENGGANU DARUL IMAN.

PENDAFTARAN SEMESTER KEDUA DAN SETERUSNYA
REGISTRATION OF THE SECOND AND
SUBSEQUENT SEMESTERS

BAHAGIAN A: DILENGKAPKAN OLEH PELAJAR PART A : COMPLETED BY STUDENT												
Semester semester:	<input type="checkbox"/> September (September)	<input type="checkbox"/> Mac (March)										
	Tahun (Year): _____											
Semester ke- Semester no.	<table border="1"><tr><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td></tr></table>			2	3	4	5	6	7	8	9	10
2	3	4	5	6	7	8	9	10				
Nama Penuh Full Name												
Jantina Sex	<input type="checkbox"/> Lelaki (Male)	No. Matrik Matric No										
	<input type="checkbox"/> Perempuan (Female)											
Program (Programme):	<input type="checkbox"/> Sarjana / Master	<input type="checkbox"/> Doktor Falsafah / Doctor of Philosophy										
Status pengajian (Status of study):	<input type="checkbox"/> Bersyarat (Probation)	<input type="checkbox"/> Biasa (Regular)										
Bidang pengajian (Field of study):												
Fakulti/ Institut (Faculty/Institute):												
Penyelia Utama Main Supervisor												

Jika tiada biasiswa <i>(If No Scholarship):</i>	(a)No. resit pembayaran yuran asas <i>(Receipt no. for registration fee):</i> _____		
	Jumlah (Amount) : _____		
Nama penaja, jika ada <i>(Name of sponsor, if any)</i>			
Alamat <i>Address</i>			
No. Tel <i>Phone No.</i>		No. faks <i>(Fax no.)</i>	
E-Mel <i>Email</i>			
Tandatangan <i>Signature</i>		Tarikh <i>Date</i>	

Pengesahan Pengarah Pusat Pengajian Siswazah <i>(Endorsement by Director, Centre of Postgraduate Studies)</i>			
Nama (Name)			
Tandatangan dan cop rasmi <i>(Signature and official stamp):</i>		Tarikh (Date)	

Kegunaan Pejabat / For office use:

Diterima Oleh <i>Accepted by</i>			
Tandatangan <i>Signature</i>		Tarikh <i>Date</i>	