



PUSAT PENGAJIAN SISWAZAH
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PPS/TP/TD A

PERMOHONAN PENANGGUHAN PENGAJIAN/ TARIK DIRI
APPLICATION FOR DEFERMENT/WITHDRAWAL OF STUDY

Permohonan hendaklah dibuat tidak lebih daripada satu (1) bulan selepas semester bermula.
Application must be made not later than one (1) month after a beginning of semester.

Nota: Borang ini hendaklah diisi dengan HURUF BESAR dan dihantar ke Pusat Pengajian Siswazah
Note: This form is to be filled in CAPITAL LETTERS and submitted to the Centre of Graduate Studies Centre

BAHAGIAN A UNTUK DILENGKAPKAN OLEH PELAJAR
PART A TO BE COMPLETED BY STUDENT

Sesi MendaftarSemester Sesi
(Session of Registration) (Semester) (Session)

1. Nama Penuh (Full Name)

2. Program Sarjana Doktor Falsafah
(Programme) (Master) (Doctor of Philosophy)

3. No. Matrik
(Matric No.)

4. Semester
(Semester)

5. Struktur Progra Penyelidikan Kerja Kursus Mod Campuran
(Programme Structur) (Research) (Coursework) (mix- mode)

6. Bidang Pengajian
(Field of Study)

7. Fakulti/ Institut (Faculty/ Institute)

8. **Sebab Penangguhan/ Tarik Diri** (*Reason of deferment/withdrawal*)
Sila tandakan yang berkenaan (*Please tick wherever applicable*)

Masalah Kewangan (*Financial Problem*)

Masalah Peribadi/Keluarga (*Personal/Family Problem*)

Masalah Kesihatan (*Health Problem*)

Lain-lain Masalah (*Others – please state*) _____

Tandatangan Calon
(*Signature of Candidate*)

Tarikh
(*Date*)

BAHAGIAN B BENDAHARI / BURSAR
PART B

Disahkan bahawa pelajar ini tidak berhutang/berhutang dengan University College Bestari
It is certified that this student does not owe/owe any money to University College Bestari

Tandatangan & Cop / *Signature & Stamp*

Tarikh / *Date*

BAHAGIAN C PUSTAKAWAN / LIBRARIAN
PART C

Disahkan bahawa pelajar ini tidak meminjam buku/telah memulangkan semua buku yang dipinjam.
It is certified that this student has not borrowed any book/has returned all books borrowed.

Tandatangan & Cop / *Signature & Stamp*

Tarikh / *Date*

BAHAGIAN D
PART D

UNTUK KEGUNAAN FAKULTI
FOR FACULTY USE

1. Sokongan Penyelaras Program/Penasihat Akademik/Pengerusi Jawatankuasa Penyeliaan Tesis/Penyelia Utama :

Recommendation of Programme Coordinator/Academic Advisor/Chairman of Thesis Supervisory Committee/ Main Supervisor:

Disokong/ *Supported*

Tidak disokong/*Not supported*

Tandatangan & Cop / *Signature & Stamp*

Tarikh / *Date*

2. Sokongan Dekan Fakulti

Recommendation Dean of Faculty:

Tandatangan & Cop / *Signature & Stamp*

Tarikh / *Date*

BAHAGIAN E
PART D

PENGESAHAN PENGARAH PPS
ENDORSEMENT BY DIRECTOR
OF PPS

Ya
(Yes)

Tidak
(No)

Tandatangan dan Cop Rasmi
(Signature and Official Stamp)

Tarikh
(Date)

BAHAGIAN F
PART F

UNTUK KEGUNAAN PEJABAT PPS
FOR OFFICE PPS USE

Tarikh Terima
Received Date

Tandatangan & Cop Rasmi
Signature & Official Stamp

Tarikh Semakan
Checking Date

Tandatangan & Cop Rasmi
Signature & Official Stamp