



APPLICATION TO CONTINUE STUDY

APPLICANT'S GENERAL INFORMATION

Name:	Matric No:
Telephone No. Home: Office: Mobile No.:	Email:
Programme:	Current Semester:

1st Supervisor:

2nd Supervisor (if any):

School:

TO BE COMPLETED BY THE MAIN SUPERVISOR

Research Progress:

.....

.....

.....

.....

Expected Date of Completion (Viva):

.....

.....

.....

I hereby support/do not support the application to continue study for the above student

Supervisor's signature and Stamp

Date: _____

FOR OFFICE USE ONLY

Recommendation from JIL UUM COB _____ Date: _____

Recommended

Not Recommended/Termination