

TEMPORARY INTAKE FORM

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Workstation	CCSC

COUNSELLING AND CAREER SERVICES CENTRE INTERNATIONAL ISLAMIC UNIVERSITY MALAYSIA

All information given is STRICTLY CONFIDENTIAL

**Please circle whichever applicable*

Name : _____

Matric No : _____ IC /Passport No. : _____

Nationality : _____ *Gender : _____

*Kulliyah : AIKOL/KENMS/AHAS IRKHS/KOE/KOED/KAED/KICT/OTHERS :- _____

*Year : PRSS/1/2/2/4/5/ OTHERS *Intake : Direct / Matriculation

Date of Birth : _____ *Marital Status : Single / Married

Mahallah : _____ Room No. : _____

H/p No. 1 : _____ H/p No . 2 : _____

Email Address : _____

Home Address : _____

Signature : _____ Date : _____

FOR OFFICE USE

Counselor assigned: _____

Remarks by Staff in -charge: _____

Date : _____ Signature of Staff in-charge: _____