

CENTRE FOR POSTGRADUATE STUDIES

REGISTRATION FORM

Semester Session /

REMINDER: This form is only applicable to all Postgraduate students who are unable to make online registration (web-based). Please refer to our notice, on list of students who are eligible for manual course registration.
(i.e: Pre-requisite, Special requirement courses, Grades not available, CGPA<3.00, etc)

SECTION A : DETAILS OF STUDENT		
Name:		Matric No.:
Kulliyah :	Programme	Latest CGPA:
Email :	Contact No:	Total Credit hours Completed:

*For student who obtained CGPA below 3.00, please fill up "Repeat and Replace form together with this form

DETAILS OF COURSE(S)			Signature of Lecturer with Official Stamp
1. Course Code _____	Course Title:	Crdt hrs:	
Section: _____	Type of Course: <input type="checkbox"/> Core Course <input type="checkbox"/> Pre-Requisite <input type="checkbox"/> Special Requirement Courses <input type="checkbox"/> Elective Course <input type="checkbox"/> Independent Study <input type="checkbox"/> Audit Course <input type="checkbox"/> Comprehensive Examination		
2. Course Code _____	Course Title:	Crdt hrs:	
Section: _____	Type of Course: <input type="checkbox"/> Core Course <input type="checkbox"/> Pre-Requisite <input type="checkbox"/> Special Requirement Courses <input type="checkbox"/> Elective Course <input type="checkbox"/> Independent Study <input type="checkbox"/> Audit Course <input type="checkbox"/> Comprehensive Examination		
3. Course Code _____	Course Title:	Crdt hrs:	
Section: _____	Type of Course: <input type="checkbox"/> Core Course <input type="checkbox"/> Pre-Requisite <input type="checkbox"/> Special Requirement Courses <input type="checkbox"/> Elective Course <input type="checkbox"/> Independent Study <input type="checkbox"/> Audit Course <input type="checkbox"/> Comprehensive Examination		
4. Course Code _____	Course Title:	Crdt hrs:	
Section: _____	Type of Course: <input type="checkbox"/> Core Course <input type="checkbox"/> Pre-Requisite <input type="checkbox"/> Special Requirement Courses <input type="checkbox"/> Elective Course <input type="checkbox"/> Independent Study <input type="checkbox"/> Audit Course <input type="checkbox"/> Comprehensive Examination		
5. Course Code _____	Course Title:	Crdt hrs:	
Section: _____	Type of Course: <input type="checkbox"/> Core Course <input type="checkbox"/> Pre-Requisite <input type="checkbox"/> Special Requirement Courses <input type="checkbox"/> Elective Course <input type="checkbox"/> Independent Study <input type="checkbox"/> Audit Course <input type="checkbox"/> Comprehensive Examination		

Date:	Student's Signature:
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Signature of lecturers are required for: courses exceeded class limit/audit course/comprehensive exam/independent study/CGPA<3.00 (other than repeat/replace courses).

SECTION B: HEAD OF DEPARTMENT (KULLIYYAH) Recommendation (For CGPA < 3.00 / Independent Study / Audit Course / Comprehensive Exam Only)	
The candidate has met all the requirements stipulated in the PG Policies and Regulations. Therefore, the department decided to *RECOMMEND/NOT RECOMMEND his/her registration.	
Date:	Signature & Stamp:

SECTION C: DEPUTY DEAN/DEPUTY DIRECTOR OF KULLIYYAH/INSTITUTE Approval (For CGPA < 3.00 / Independent Study / Audit Course / Comprehensive Exam Only)	
Based on the department recommendation (if any), Kulliyah/Institute *APPROVE/NOT APPROVE his/her registration.	
Date:	Signature & Stamp:

CENTRE FOR POSTGRADUATE OFFICE USE ONLY	
<input type="checkbox"/> LANGUAGE	<input type="checkbox"/> SPECIAL PAIDE
<input type="checkbox"/> PRE-REQ/SPECIAL	<input type="checkbox"/> GRADES NOT AVAILABLE
<input type="checkbox"/> CGPA<3.0 (REPEAT/REPLACE FORM)	W <input type="checkbox"/> IN EXTENSION PERIOD (Ext. letter)
<input type="checkbox"/> COMPLETE 60% COURSEWORK	<input type="checkbox"/> MODE OF PROGRAMME
Date:	Remarks:

***Candidate who is under extension period should submit this form together with approval letter of extension. Appeal for extension beyond normal study period should be submitted to the Kulliyah/Institute 1 month before the normal period semester ended.**