



UNIVERSITI ISLAM MALAYSIA

ISLAMIC UNIVERSITY MALAYSIA, الجامعة الإسلامية بماليزيا

ACADEMIC MANAGEMENT & QUALITY ASSURANCE

BLOK I. BANGUNAN MKN EMBASSY TECHZONE. JALAN TEKNOKRAT 2. 63000 CYBERJAYA. SELANGOR DARUL FHSAN | TEL : 03-8324 6666 | FAKS : 03-8324 6600

COURSE REGISTRATION FORM

STUDENT INSTRUCTION:

- Obtain the recommendation from your Main Supervisor.
- The completed form is to be submitted to the Academic Office.

PART A: STUDENT'S PARTICULAR

1. Name: _____
2. Matric No. : _____ 5. IC No./ Passport No. : _____
3. Intake (mm/yy): _____ 6. Programme : _____
4. Contact No. : _____ 7. School : _____

Course Code	Course Name	Credit

Reason:

Current semester/ session:

Total credit register:

Total credit after register:

Student's Signature

Date

MAIN SUPERVISOR USE

Recommended

Not Recommended

Comments:

Main Supervisor Signature and Stamp

Date

VICE PRESIDENT ACADEMIC USE

Approved

Not Approved

Comments:

Signature and Official Stamp

Date

ACADEMIC OFFICE USE

Complete

Not Complete

Comments:

Signature and Official Stamp

Date