

RAYUAN PERMOHONAN PELANJUTAN TEMPOH MAKSIMUM PENCALONAN
APPEAL OF EXTENSION MAXIMUM PERIOD OF CANDIDATURE

Kepada/ To:

Dekan, Fakulti Pendidikan
Dean, Faculty of Education

BAHAGIAN A – Diisi oleh Calon

PART A – To be completed by the Candidate

Nama/ Name : _____

Program/ Programme : _____ Mod Pengajian/ Mode of Study : _____

No. Matrik/ Matrix Num. : _____ Semester Terkini / Current Semester : _____

Permulaan Pencalonan/ Commencement of Candidature : Semester: _____ Sesi/ Session: _____
Pencalonan Maksimum/ Maximum Candidature : Semester: _____ Sesi/ Session: _____

Seminar 1/ Proposal Defence : Ya/ Yes
 Tidak/ No

Seminar 2/ Candidature Defence : Ya/ Yes
 Tidak/ No

Tarikh/ Date : _____ Tarikh/ Date : _____

Justifikasi Permohonan: (Sila kemukakan bukti seperti sijil perubatan dsb.):

Justification (Please enclose a copy of related documents as proof e.g. – Medical Certificates etc.):

Tandatangan Calon/ Candidate's Signature : _____

Tarikh/ Date: _____

BAHAGIAN B – Diisi oleh: Penyelia / Timbalan Dekan (Ijazah Tinggi)

PART B – To be completed by: Supervisor / Deputy Dean (Higher Degree)

Ulasan Berkaitan Seminar 1 dan Seminar 2:

Comment About Seminar 1 and Seminar 2

PERAKUAN:

Disokong/Tidak Disokong* untuk diaktifkan pencalonan

RECOMMENDATION: I support/ do not support the candidature be reactivated.*

Ulasan Lain (jika ada) :

Other Comments (if any)

Tandatangan/ *Signature*: _____

Cop Rasmi/ Official Stamp:

Nama/ *Name*: _____

Tarikh/ *Date* :

BAHAGIAN C – Diisi oleh Dekan

PART C – To be completed by the Dean

Saya MEMPERAKUKAN/TIDAK MEMPERAKUKAN* supaya calon diaktifkan pencalonan.

I hereby RECOMMEND/DO NOT RECOMMEND the candidature be reactivated.*

Ulasan Lain (jika ada) :

Other Comments (if any)

Tandatangan/ *Signature*: _____

Cop Rasmi/ Official Stamp:

Nama/ *Name*: _____

Tarikh/ *Date* :

* Sila potong mana yang tidak berkenaan.

**Delete whichever is not applicable*