



## PUSAT PENGAJIAN SISWAZAH

**ADDITIONAL SEMESTER COURSE  
REGISTRATION FORM**

SEMESTER \_\_\_\_\_ SESI \_\_\_\_\_

**Nama** : \_\_\_\_\_  
**Name** : \_\_\_\_\_  
**Program** : \_\_\_\_\_  
**Programme** : \_\_\_\_\_  
**Tahun Pengajian** : \_\_\_\_\_ **No. IC** : \_\_\_\_\_  
**Year of Study** : \_\_\_\_\_ **Passport No** : \_\_\_\_\_  
**No. Matrik** : \_\_\_\_\_  
**Matric No** : \_\_\_\_\_

BIL	KOD CODE	TAJUK KURSUS SUBJECT TITLE [BM/BI]	JENIS TYPE	UNIT	KUMPULAN GROUP
1.					
2.					
3.					
4.					
5.					
<b>JUMLAH UNIT :</b>					

 Tandatangan \_\_\_\_\_  
 Signature

 Tarikh \_\_\_\_\_  
 Date
**INSTRUCTIONS TO STUDENT:**

1. Students are required to fill in this form for course registration.
2. Carefully check the courses and number of units registered.
3. Kindly print out the Course Registration Slip, check them carefully to ensure there are no errors. Students are responsible for any errors made and they must correct it immediately.
4. Any dropping courses must be made **one week before** the additional semester examination week begins.

\*\*Please return this form to Centre for Graduate Studies.

Staff Signature:

Date: