APPEAL FOR REINSTATEMENT OF STATUS AS STUDENT

This form is for the use of those who have been dismissed (given GT status) to appeal for reinstatement of their status as student.

Instruction: Please submit your mini transcript and supporting documents with this form.

| TO BE FILLED IN BY APPLICANT | |
|--|---|
| Name: | Student ID No.: |
| Faculty: | Handphone No.: |
| Program/Code: | Campus: |
| e-mail: | Current CGPA: |
| Mode of Study: Full Time / PLK / e-PJJ (Please underline | No. of semesters completed: |
| Are you in your final semester of study? Yes / No (Please underline | ne) |
| Reason for being given GT (Gugur Taraf) status from UiTM: | |
| (Please tick one or both, as applicable.) | |
| $\Box I \text{ did not register my courses} \qquad \Box I \text{ did not pay my fee}$ | 25 S |
| | |
| Request: | |
| | |
| | |
| Justification of request: | (Please attach supporting documents, if any.) |
| | |
| | |
| | |
| | |
| | |
| Applicant's Signature: | |
| Applicant's Dignature. | Date: |
| TO BE FILLED IN BY OFFICE OF FACULTY/CAMPUS/CEN | |
| | |
| TO BE FILLED IN BY OFFICE OF FACULTY/CAMPUS/CEN | |
| TO BE FILLED IN BY OFFICE OF FACULTY/CAMPUS/CEN | |
| TO BE FILLED IN BY OFFICE OF FACULTY/CAMPUS/CEN Comment on this request: | |
| TO BE FILLED IN BY OFFICE OF FACULTY/CAMPUS/CEN | |
| TO BE FILLED IN BY OFFICE OF FACULTY/CAMPUS/CEN Comment on this request: | |
| TO BE FILLED IN BY OFFICE OF FACULTY/CAMPUS/CEN Comment on this request: Suggested action: | |
| TO BE FILLED IN BY OFFICE OF FACULTY/CAMPUS/CEN Comment on this request: Suggested action: Name: | NTRE/INSTITUTE |
| TO BE FILLED IN BY OFFICE OF FACULTY/CAMPUS/CEN Comment on this request: Suggested action: Name: Position: | |
| TO BE FILLED IN BY OFFICE OF FACULTY/CAMPUS/CEN Comment on this request: Suggested action: Name: | NTRE/INSTITUTE Staff Number: |
| TO BE FILLED IN BY OFFICE OF FACULTY/CAMPUS/CEN Comment on this request: Suggested action: Name: Position: Signature and Stamp: | Staff Number: Date: |
| TO BE FILLED IN BY OFFICE OF FACULTY/CAMPUS/CEN Comment on this request: Suggested action: Name: Position: | Staff Number: Date: |
| TO BE FILLED IN BY OFFICE OF FACULTY/CAMPUS/CEN Comment on this request: Suggested action: Name: Position: Signature and Stamp: TO BE FILLED IN BY OFFICE OF ACADEMIC AFFAIRS DIV | Staff Number: Date: |
| TO BE FILLED IN BY OFFICE OF FACULTY/CAMPUS/CEN Comment on this request: Suggested action: Name: Position: Signature and Stamp: TO BE FILLED IN BY OFFICE OF ACADEMIC AFFAIRS DIV | Staff Number: Date: |
| TO BE FILLED IN BY OFFICE OF FACULTY/CAMPUS/CEN Comment on this request: Suggested action: Name: Position: Signature and Stamp: TO BE FILLED IN BY OFFICE OF ACADEMIC AFFAIRS DIV | Staff Number: Date: |
| TO BE FILLED IN BY OFFICE OF FACULTY/CAMPUS/CEN Comment on this request: Suggested action: Name: Position: Signature and Stamp: TO BE FILLED IN BY OFFICE OF ACADEMIC AFFAIRS DIV Note/Action Taken: | Staff Number: Date: |
| TO BE FILLED IN BY OFFICE OF FACULTY/CAMPUS/CEN Comment on this request: Suggested action: Name: Position: Signature and Stamp: TO BE FILLED IN BY OFFICE OF ACADEMIC AFFAIRS DIV | Staff Number: Date: |