



**Section II (To be completed by Academic Advisor)**

Supported :  Not Supported :

Signature : \_\_\_\_\_

Stamp :

Academic Advisor's Comment :

\_\_\_\_\_  
\_\_\_\_\_

Date : \_\_\_\_\_

**Section III (To be completed by Initial Faculty)**

Supported :  Not Supported :

*\* If it involve change of Faculty, leave this section blank*

Deputy Dean's Comment :

Programme Name : \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Programme Code : \_\_\_\_\_

Signature : \_\_\_\_\_

Session/Semester Offered : \_\_\_\_\_ / \_\_\_\_\_ - \_\_\_\_\_

Stamp :

*(e.g : 2023/2024 – II or 2024 / 2025 – I)*

Date : \_\_\_\_\_

Year Offered : Year 1  Year 2

Continue with current PNG & PNGK ? : Yes  No

**Section IV (To be completed by New Faculty – If it involve change of Faculty)**

Supported :  Not Supported :

Programme Name : \_\_\_\_\_

Deputy Dean's Comment :

Programme Code : \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Session/Semester Offered : \_\_\_\_\_ / \_\_\_\_\_ - \_\_\_\_\_

Signature : \_\_\_\_\_

*(e.g : 2023/2024 – II or 2024 / 2025 – I)*

Stamp :

Year Offered : Year 1  Year 2

Date : \_\_\_\_\_

Continue with current PNG & PNGK ? : Yes  No

**Section V (To be completed by Assistant Registrar, SRAdS)**

Qualified :  Not Qualified :

Signature : \_\_\_\_\_

Stamp :

Other requirements (if applicable):

Color blind test (Refer Appendix I)  MEdSI

Date : \_\_\_\_\_

Assistant Registrar's Comment :

\_\_\_\_\_  
\_\_\_\_\_

**Section VI (To be completed by UTM International Office - For International Student Only)**

Approved :  Not Approved :

Signature : \_\_\_\_\_

Stamp :

Assistant Registrar's Comment :

\_\_\_\_\_  
\_\_\_\_\_

Date : \_\_\_\_\_

**For the use of Academic Management & Conferment Section (AMaCS)**

Approved :  Not Approved :

Signature : \_\_\_\_\_

Session/Semester : \_\_\_\_\_ / \_\_\_\_\_ - \_\_\_\_\_

Stamp :

*(e.g : 2023/2024 – II or 2024 / 2025 – I)*

Assistant Registrar's Comment :

\_\_\_\_\_  
\_\_\_\_\_

Date : \_\_\_\_\_

Reviewed and updated by : \_\_\_\_\_

Date : \_\_\_\_\_