



CENTRE FOR POSTGRADUATE STUDIES
UNIVERSITI MALAYSIA KELANTAN
LOCKED BAG 36, 16100 PENKALAN CHEPA
KELANTAN DARUL NAIM
PHONE NO: 09-771 7145 FAX NO: 09-771 7162

BORANG PENDAFTARAN KURSUS
COURSE REGISTRATION FORM

BAHAGIAN A: DILENGKAPKAN OLEH PELAJAR

PART A: COMPLETED BY STUDENT

Pendaftaran Semester (Semester Registration)	Semester: September / February Sesi (Session): 20____ / 20____		
Nama Penuh (Full Name)			
Program (Programme)			
No. Matrik (Matric No.)			
Maklumat Pendaftaran Kursus (Information for Course Registration)	Kod (Code)	Kursus (Course)	
Jika tiada biasiswa (If No Scholarship):	No. resit pembayaran yuran asas (Receipt no. for registration fee): _____ Jumlah (Amount) : _____		
Penaja, jika ada (Scholarship, if any)			
No. Tel.: (Phone No.)		E-Mel (Email)	
Tandatangan Pelajar (Student Signature)		Tarikh (Date)	
Diterima Oleh (Accepted by)		Tandatangan & Tarikh (Signature & Date)	

Salinan : () Fail Pelajar

() Bendahari