



POSTGRADUATE MANAGEMENT CENTRE
POSTGRADUATE REGISTRATION (SEMESTER _____, _____ SESSION)

Date/Day : _____ / _____
 Venue : Postgraduate Management Centre, UMT
 Time : 9.00 a.m. – 4.30 p.m.

REGISTRATION CHECKLIST (NEW STUDENT)

Name/Initial : _____
 IC/Passport No.: _____
 Matric No. : _____
 Date : _____

Keep this checklist with you until your registration is done. Submit this form at the **Security Counter**.

INTERNATIONAL CENTRE			
This counter provides information on students' accommodation and pass/visa guidelines.			
MEDICAL COUNTER			
*COUNTER 4: COURSE REGISTRATION (FOR THOSE WHO DID NOT COMPLETE PRE-REGISTRATION)			
1. Medical Examination Form	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
2. Clearance Form (International Student Only)	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Remark:			
Issued by/Initial:			
Time:			
REGISTRATION COUNTER			
1. Student's Registration:			
- Category of Admission	Full Admission	<input type="checkbox"/>	Provisional Admission <input type="checkbox"/>
- IC/Passport	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
- Offer Letter	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
- Academic Transcripts	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
- Academic Certificates	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
- Financial Guarantee	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
- Photo (2 copies)	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
- Form (Matric Card, Library, Email, Undertaking Letter)	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
- Processing Fees (RM/USD25)	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Remark:			
Issued by/Initial:			
Time:			
*FINANCE COUNTER			
1. Processing Fees Slip	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
2. Tuition Fees Slip:			
- Self-Financed	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
- Scholarship Letter	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
3. Registration Slip:	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Remark:			
Issued by/Initial:			
Time:			
*SECURITY COUNTER (MATIC CARD)			
1. Counter 1-5	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
2. Matric Card	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Remark:			
Issued by/Initial:			
Time:			

* Compulsory