UMT/B/PG-14a (Pind.3/2026)

UNIVERSITI MALAYSIA TERENGGANU
21030 Kuala Terengganu
Terengganu, Malaysia

PERMOHONAN PENILAIAN PENCALONAN
APPLICATION OF CANDIDATURE ASSESSMENT

Nota: Borang ini hendaklah diisi dengan **HURUF BESAR** dan dihantar ke Fakulti/Institut/Pusat.
*Note: This form is to be filled in **CAPITAL LETTERS** and submitted to the Faculty/Institute/Centre.*

BAHAGIAN A / *PART A* — UNTUK DILENGKAPKAN OLEH PELAJAR / *TO BE COMPLETED BY STUDENT*

1. NamaPenuh:
   Full Name: _____

2. No. Matrik:
   Matric No: _____

3. Struktur Program :
   Program Structure : _____

4. Semester:
   Semester: _____

5. Mod Pengajian:
   Mode of Study:
   Sepenuh Masa / *Full Time* ☐
   Separuh Masa / *Part Time* ☐

6. Bidang Pengajian :
   Field of Study : _____

7. Tarikh Penilaian:
   Assessment Date: _____

8. Penilaian Kali ke:
   Assessment Attempt:
   Pertama / *First* ☐
   Kedua / *Second* ☐
   Ketiga / *Third* ☐

9. Cadangan Penyelidikan dilampirkan bersama borang permohonan
   Research Proposal is attached with the application form

10. *Tandatangan Pelajar:*
    Student Signature:

    Tarikh:
    Date: _____

BAHAGIAN B **UNTUK DILENGKAPKAN JAWATANKUASA PENYELIAAN**
PART B ***TO BE COMPLETED BY STUDENT***

11. Profil Penyeliaan Pelajar
Profile of Student's Supervision

a. Penyelia Utama/
Pengerusi Jawatankuasa
Penyeliaan:
Main Supervisor/
Chairperson of Supervisory
Committee: _____

Tandatangan dan Cop Rasmi:
*Signature and Official Stamp:*_____ Tarikh:
Date: _____

b. Penyelia Bersama/
Ahli Jawatankuasa Penyeliaan 1:
Co-Supervisor/
Member of Supervisory Committee 1: _____

Tandatangan dan Cop Rasmi:
Signature and Official Stamp: _____ Tarikh:
Date: _____

c. Penyelia Bersama/
Ahli Jawatankuasa Penyeliaan 2:
Co-Supervisor/
Member of Supervisory Committee 2: _____

Tandatangan dan Cop Rasmi:
Signature and Official Stamp: _____ Tarikh:
Date: _____

d. Penyelia Bersama/
Ahli Jawatankuasa Penyeliaan 3:
Co-Supervisor/
Member of Supervisory Committee 3: _____

Tandatangan dan Cop Rasmi:
Signature and Official Stamp: _____ Tarikh:
Date: _____

e. Penyelia Bersama/
Ahli Jawatankuasa Penyeliaan 4:
Co-Supervisor/
Member of Supervisory Committee 4: _____

Tandatangan dan Cop Rasmi:
Signature and Official Stamp: _____

BAHAGIAN C **UNTUK KEGUNAAN FAKULTI/INSTITUT/PUSAT**
PART C ***FOR FACULTY/INSTITUTE/CENTRE USE***

Tarikh Terima *Received Date*	Tandatangan & Cop Rasmi *Signature & Official Stamp*
Tarikh Semakan *Checking Date*	Tandatangan & Cop Rasmi *Signature & Official Stamp*