UTM
UNIVERSITI TEKNOLOGI MALAYSIA

COURSE REGISTRATION FORM

UTM.E/3.1
(Amendment 1/09)

NAME :

(In BLOCK Letters as in Identity Card/Passport)

Matric Card No. : Year/Programme :

Identity Card Number / Passport Number : Total Credit Transferred :

Year/Programme : Email : Telephone No :

Please fill in the boxes clearly and correctly. If you are registering for more than 12 courses, please use two forms. Use the code 'UM' in the status column for Repeat Course, 'HW' for Compulsory Attendance, 'HS' for Attendance only, 'HWUM' for Compulsory Attendance Repeat Course.

No.	Subject Course	Section	Status*	Credit	Lecture's Signature
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
Total Credits (Not including 'HS' courses)					

Mailing Address :

Postcode : Town or State :

I wish to register for the courses above

Agree/Disagree

Student's Signature

(Academic Advisor's Signature)

Mobile Phone No :

Name :
Tel. Extension :

Date : ____/____/_____

Date : ____/____/_____

IF THE ACADEMIC ADVISOR DISAGREES

Dean's Decision

Approved/Not Approved

Singnature :

Date : ____/____/____

(1st copy - Faculty Office, 2nd copy - Academic Advisor, 3rd copy - Student)