



## CENTRE FOR POSTGRADUATE STUDIES RE-REGISTRATION FORM

### Section A: To be filled by the Candidate

#### CANDIDATE'S PERSONAL PARTICULARS

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

ID number : \_\_\_\_\_

IC / passport number : \_\_\_\_\_

Contact No. : Student's H/P: \_\_\_\_\_ Parent's H/P \_\_\_\_\_

Email-ID : \_\_\_\_\_

Permanent Address : \_\_\_\_\_

Degree / Programme/Mode : \_\_\_\_\_

Unit/ Faculty : \_\_\_\_\_

Date of registration : \_\_\_\_\_

Current academic year : \_\_\_\_\_

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

*By submitting your personal data to us, you consent to us collecting, using, disclosing and processing your personal data in accordance with our PDPA notice. Please refer to our website [www.aimst.edu.my](http://www.aimst.edu.my) for further details. If you agree for your personal data to be collected and processed by us, please tick (✓) in the box below.*

Agree       Disagree

Name:

Date:

IC No./Passport No.:

### Section B: To be filled by Finance and Accounts Division

#### FINANCIAL STATUS

	REMARKS
Date : _____	
Total Payable : _____	
Total Paid : _____	
Outstanding Balance : _____	
Payment Mode : Cash/ Cheque/ Draft (No. _____ )	
AIMST Receipt Number/Date : _____	
Signature : _____ Date: _____	

**Section C: To be filled by the Dean - ENDORSEMENT BY THE DEAN**

I hereby approve / do not approve the candidate's re-registration with effective from \_\_\_\_\_.

REMARKS (if any)

Name and Signature :

Date:

**Section D: To be filled by the Director - ENDORSEMENT BY THE DIRECTOR, CPS**

I hereby approve / do not approve the candidate's re-registration with effective from \_\_\_\_\_.

REMARKS (if any)

Name and Signature :

Date: