

## DOCUMENTS CHECKLIST

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Candidates are to make sure that the following documents are brought along during the registration day for verification by the respective Graduate School:

- (i) Original letter of offer
- (ii) Original degree (Bachelors and/or Masters)
- (iii) Original academic transcript
- (iv) Original certificate of English Qualification (MUET/IELTS/TOEFL)
- (v) Completed medical examination form (Section 2, 3 and 4 must be filled by the **examining doctor**)
- (vi) Health insurance (for international students only)
- (vii) **Proof of payment** for registration (the amount to be paid is as stated in the letter of offer)
- (viii) **Latest bank account statement** that has at least USD2500 for candidates from ASEAN and USD5000 for candidates from non-ASEAN.

*Note: Candidate who fails to show any one of the above documents will **NOT** be allowed to register.*

## IMPORTANT FORMS

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Following are the forms that students need to complete and hand in during the registration. Example of each form is attached in this Guide.

1. Reply Form (Form A)
2. Personal Details of Postgraduate Students (Form B)
3. Letter of Undertaking (Form C)
4. Health Examination Report – for International students (Form D)
5. Health Examination Report – for Local students (Form E)
6. Emergency Form (Form F)
7. Student Declaration (Form G)
8. Declaration for Thesis Writing (Form H)
9. International Student Biodata (Form I)

# REPLY FORM

Date: .....

Admission and Record Unit  
Othman Yeop Abdullah  
Graduate School of Business (OYAGSB)  
Universiti Utara Malaysia  
06010 Sintok, Kedah  
Malaysia

(Attn : Ms. Rozita Ramli)

Dear Sir/Madam

### ACCEPTANCE OF OFFER TO STUDY POSTGRADUATE PROGRAMME IN SECOND SEMESTER 2013/2014 (JANUARY 2014 INTAKE)

With reference the above matter and the letter of offer from Universiti Utara Malaysia dated .....

I hereby certify that I;

Name : .....

Matric No. : .....NRIC: .....Passport No.: .....

Programme : .....

Graduate School/College: .....

Would like to **\*accept/ reject/ defer the registration** for the Second Semester 2013/2014 (January 2014 Intake).

Thank you.

\_\_\_\_\_  
Signature

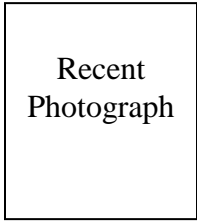
\_\_\_\_\_  
Date

***\*Note: Delete whichever not applicable.***

**This reply letter should be returned at least 2 weeks before registration date.**



### PERSONAL DETAILS OF POSTGRADUATE STUDENT



#### A) PERSONAL INFORMATION

Name (as in Identity Card/Passport): \_\_\_\_\_

Matric No.: \_\_\_\_\_

Identity Card/Passport No. : \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Gender\*: Male

Female

Religion: \_\_\_\_\_

Race: \_\_\_\_\_

Nationality: \_\_\_\_\_

Marital Status (single/ married/ widow): \_\_\_\_\_

Permanent Address:

Mailing Address:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Postal Code: \_\_\_\_\_

Postal Code: \_\_\_\_\_

State: \_\_\_\_\_ Country: \_\_\_\_\_

State: \_\_\_\_\_ Country: \_\_\_\_\_

Tel: \_\_\_\_\_

E-mail: \_\_\_\_\_

#### B) PROGRAMME DETAILS

Programme (as stated in the offer letter): \_\_\_\_\_

Place of Study (as stated in the offer letter): \_\_\_\_\_

Mode of Studies:\* Full-time  Part-time

Financial Support\* Private  Loan  Scholarship/Sponsored

Name & Address of Sponsor: \_\_\_\_\_

\_\_\_\_\_

**C) HIGHER ACADEMIC QUALIFICATION**

Name & Address of Institution	Diploma/Degree Obtained	Year Awarded

**D) EMPLOYMENT DETAIL/ EXPERIENCE**

Current Occupation: \_\_\_\_\_

Sector (public/private/personal): \_\_\_\_\_

Experience: \_\_\_\_\_ Year \_\_\_\_\_ Month

Monthly Income: RM \_\_\_\_\_ / USD \_\_\_\_\_

**E) FAMILY BACKGROUND**

Name of Spouse: \_\_\_\_\_

No. of Dependents: \_\_\_\_\_ person(s)

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Postal Code: \_\_\_\_\_ Tel. No.: \_\_\_\_\_

In case of emergency, person to be notified: \_\_\_\_\_

Relationship: \_\_\_\_\_

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

Postal Code: \_\_\_\_\_ Tel. No. : \_\_\_\_\_

\_\_\_\_\_  
(Student's Signature)

\_\_\_\_\_  
(Date)

**\*Note: Please tick (✓) whichever applicable.**

## LETTER OF UNDERTAKING

I .....  
 NRICNo. .... solemnly and truthfully declare that I will fervently strive to achieve academic excellence and perpetually improve my disposition. I will comply with laws, statutes, regulations, rules and any orders that are applicable to the students of Universiti Utara Malaysia (University) that are enforced from time to time as long as I remain a student of the University. Thus, I hereby undertake that I will, among other things

- (a) comply with subsection 15(1) of the University and University Colleges Act 1971 (Act 30) not to become a member of, or in any manner associate with any society, political party, trade union or any other organization, body or group of persons whatsoever, whether or not it is established under any law, whether it is in the University or outside the University and whether it is in Malaysia or outside Malaysia, except as may be allocated by or under the Constitution of the University, or except as may be approved in advance in writing by the Vice Chancellor;
- (b) comply with subsection 15(3) of the University and University Colleges Act 1971 not to express or do anything which may be construed as expressing support, sympathy or objection to any political party or trade union or as expressing support or sympathy with any unlawful organization, body or illegal group;
- (c) comply with the provisions of general discipline as specified in the Universiti Utara Malaysia (Discipline of Students) Rules 1999 including
  - i) not to breach the provisions relating to general prohibitions, which among other things include:
    - not to cause any detriment to the interests, well-being or image of the University, students, staff, officers, or employees of the University;
    - not to cause any detriment to public order, safety or security, morality, decency or discipline;
    - not to violate any provision of the laws, whether within or outside the campus;
  - ii) provisions relating to attendance at lectures, restrictions on the use of text of lectures and plagiarism;
  - iii) provisions relating to examinations and student's attitude during examination;
  - iv) provisions relating to assemblies, use of loudspeakers and banners;
  - v) provisions relating to student's activities outside the campus and student's involvement in employment;
  - vi) provisions relating to prohibition on gambling, consumption and possession of liquor, acting in a disorderly behaviour, possessing obscene articles, possessing and using drugs and poison; AND
  - vii) provisions relating to cleanliness within campus and student's attire
- (d) comply with the provisions relating to hostel rules and regulations as specified in the Universiti Utara Malaysia (Students Discipline) Rules 1999; AND
- (e) comply with the provisions relating to road traffic laws as specified in the Universiti Utara Malaysia (Students Discipline) Rules 1999.

I hereby acknowledge and understand that if I fail to comply with any of the provisions of the laws, statutes, regulations, rules or orders, action can be taken against me including expulsion from the University.

..... Signature of Student	..... Date
Name	: .....
Matric No.	: .....
Programme	: .....
College	: .....
Signature of Witness: .....	
Name	: .....
Designation	: .....



NO. TELEFON RUMAH/ HOUSE TELEPHONE NO.

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NO. TELEFON PEJABAT/ OFFICE TELEPHONE NO.

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ALAMAT DEWAN PENGINAPAN/ RESIDENTIAL HALL ADDRESS


**BAHAGIAN 2: SILA TANDAKAN (P) DI KOTAK YANG BERKENAAN**

*PART 2: PLEASE TICK (P) THE RELEVANT BOX*

Adakah anda/keluarga mengalami:

*Have you/family have the following:*

	Tidak/ No	Ya/ Yes
1 Lelah/ <i>asthma</i>	<input type="checkbox"/>	<input type="checkbox"/>
2 Batuk kering/ <i>Tuberculosis</i>	<input type="checkbox"/>	<input type="checkbox"/>
3 Darah tinggi/ <i>Hypertension</i>	<input type="checkbox"/>	<input type="checkbox"/>
4 Sakit jantung/ <i>Heart diseases</i>	<input type="checkbox"/>	<input type="checkbox"/>
5 Kencing manis/ <i>Diabetes mellitus</i>	<input type="checkbox"/>	<input type="checkbox"/>
6 Sakit buah pinggang/ <i>Kidney disease</i>	<input type="checkbox"/>	<input type="checkbox"/>
7 Gila babi/ <i>Epilepsy</i>	<input type="checkbox"/>	<input type="checkbox"/>
8 Sakit jiwa/ <i>Mental illness</i>	<input type="checkbox"/>	<input type="checkbox"/>
9 Penyalahgunaan dadah/ <i>Drug addiction</i>	<input type="checkbox"/>	<input type="checkbox"/>
10 Kekacatan anggota/ <i>Deformity</i>	<input type="checkbox"/>	<input type="checkbox"/>
11 Kanser/ <i>Cancer</i>	<input type="checkbox"/>	<input type="checkbox"/>
12 Alahan/ <i>Allergies</i>	<input type="checkbox"/>	<input type="checkbox"/>
13 Pembedahan/ <i>Operations</i>	<input type="checkbox"/>	<input type="checkbox"/>

Saya dengan ini mengaku segala maklumat kesihatan yang diberikan di atas adalah benar.

*I hereby certify that the information given above is correct.*

.....  
Tanda tangan/ *Signature of Applicant*



**BAHAGIAN 3: UNTUK DIISI OLEH DOKTOR YANG MEMERIKSA**

*PART 3: TO BE FILLED BY THE EXAMINING DOCTOR*

1 PEMERIKSAAN UMUM/ *GENERAL EXAMINATIONS*

TINGGI/ *HEIGHT*  sentimeter

BERAT/ *WEIGHT*  kilogram

NADI/ *PULSE*  seminit

BP  mmHg

a. PALLOR  Ya/ Yes  
 Tidak/ No

b. CYANOSIS  Ya/ Yes  
 Tidak/ No

c. OEDEMA  Ya/ Yes  
 Tidak/ No

d. JAUNDICE  Ya/ Yes  
 Tidak/ No

e. LYMPHNODES  Ya/ Yes  
 Tidak/ No

f. SKIN  Ya/ Yes  
 Tidak/ No

2 PEMERIKSAAN MATA/ *EXAMINATION OF EYES*

		KANAN	KIRI	CATATAN DOKTOR <i>Verification of doctor's finding</i>
a. PENGLIHATAN TANPA KACA MATA/ <i>UNAIDED VISION</i>		<input type="checkbox"/>	<input type="checkbox"/>	_____
b. PENGLIHATAN DENGAN KACA MATA <i>AIDED VISION</i>		<input type="checkbox"/>	<input type="checkbox"/>	_____
c. PENGLIHATAN WARNA <i>COLOUR VISION</i>	NORMAL ABNORMAL	<input type="checkbox"/> <input type="checkbox"/>		_____
d. FUNDOSKOPI <i>FUNDOSCOPY</i>	NORMAL ABNORMAL	<input type="checkbox"/> <input type="checkbox"/>		_____

3	PEMERIKSAAN TELINGA <i>EXAMINATION OF EAR</i>	NORMAL ABNORMAL	<input type="checkbox"/> <input type="checkbox"/>	_____
4	RUANG MULUT <i>ORAL CAVITY</i>	NORMAL ABNORMAL	<input type="checkbox"/> <input type="checkbox"/>	_____
5	JANTUNG <i>HEART</i>	NORMAL ABNORMAL	<input type="checkbox"/> <input type="checkbox"/>	_____
6	a. SISTEM REPIRATORI <i>REPIRATORY SYSTEM</i>	NORMAL ABNORMAL	<input type="checkbox"/> <input type="checkbox"/>	_____
	b. *X-RAY	NORMAL ABNORMAL	<input type="checkbox"/> <input type="checkbox"/>	_____

\*LAMPIRKAN X-RAY DADA DAN LAPORAN (filem besar)/ *ATTACH CHEST X-RAY AND REPORT (large film)*

TARIKH X-RAY/ <i>X-RAY DATE</i>	TEMPAT/ <i>PLACE</i>	NO. RUJUKAN X-RAY/ <i>X-RAY REF. NO.</i>
<input type="text"/>	<input type="text"/>	<input type="text"/>

LMP (*Last Menstrual Period*) - Perempuan sahaja/ *Female only*

7	ABDOMEN & RONGGA HERNIA <i>ABDOMEN &amp; HERNIAL ORIFICES</i>	NORMAL ABNORMAL	<input type="checkbox"/> <input type="checkbox"/>	_____
8	SISTEM SARAF & MENTAL <i>NERVOUS SYSTEM &amp; MENTAL CONDITION</i>	NORMAL ABNORMAL	<input type="checkbox"/> <input type="checkbox"/>	_____
9	SISTEM MUSKULOSKELETAL <i>MUSCULOSKELETAL SYSTEM</i>	NORMAL ABNORMAL	<input type="checkbox"/> <input type="checkbox"/>	_____
10	LAIN-LAIN/ <i>OTHERS</i>			_____

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**BAHAGIAN 4**

*PART 4*

11 PEMERIKSAAN AIR KENCING/ *EXAMINATION OF URINE*

- a. GULA       b. ALBUMIN       c. MICROSCOPY \_\_\_\_\_  
SUGAR \_\_\_\_\_

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**BAHAGIAN 5: PENGESAHAN DOKTOR**

*PART 5: DOCTOR'S VERIFICATION*

Sila tandakan (✓) di dalam kotak yang berkenaan.

*Please tick (✓) in the appropriate box*

Saya mengesahkan pada hari ini saya telah memeriksa/ *I certify that I have this day examined*

\_\_\_\_\_ No. KP/IC No. \_\_\_\_\_

dan mendapati bahawa/ *and found that:*

Beliau tidak menghadapi apa-apa penyakit dan disahkan sihat/ *The above name is in good health*

Beliau menghadapi/ *The above named has*

\_\_\_\_\_  
\_\_\_\_\_

Beliau sedang mendapat rawatan/ *The above named is undergoing treatment*

\_\_\_\_\_  
\_\_\_\_\_

Tarikh/  
*Date:* \_\_\_\_\_

Tandatangan Doktor/  
*Signature of Doctor* \_\_\_\_\_

Nama  
Doktor/  
*Name of Doctor* \_\_\_\_\_

Kelulusan dan cop rasmi klinik/  
*Qualification and official stamp of clinic* \_\_\_\_\_



**EMERGENCY FORM  
FOR SECURITY DEPARTMENT**

*Attach  
passport size  
colour  
photograph*

**A) STUDENT PERSONAL DETAILS**

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

Matriculation No.: \_\_\_\_\_ IC/Passport No.: \_\_\_\_\_

Tel: \_\_\_\_\_ E-mail: \_\_\_\_\_

Programme: \_\_\_\_\_ Highest Qualification: \_\_\_\_\_

Date & Place of Birth: \_\_\_\_\_

College Address: \_\_\_\_\_

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

Occupation & Address of Employer: \_\_\_\_\_

**B) DETAILS OF NEXT-OF-KIN**

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

Family Relationship: \_\_\_\_\_

Occupation: \_\_\_\_\_

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

Tel: \_\_\_\_\_

\_\_\_\_\_  
(Signature of Student)

\_\_\_\_\_  
(Date)



### STUDENT DECLARATION

I .....

Matric No. .... Identity Card/Passport No. ....

realise and appreciate the chance and honour to be a student of Universiti Utara Malaysia

HEREBY DECLARE

**Firstly**

I shall strive to the utmost towards excellence in knowledge

**Secondly**

I shall always be conscious of the importance of the upliftment of noble virtues

**AND**

**Thirdly**

I shall be determine to serve the society, race, religion and nation

In order to achieve these objectives, I promise that I shall always abide by the Rules and Regulations of **UNIVERSITI UTARA MALAYSIA**

I shall always uphold the image and excellence of the University

I shall abide by the motto of the University: **SCHOLARSHIP, VIRTUE, SERVICE**

I henceforth agree to put down my signature on this Statement of Declaration. If this declaration is violated on my part, I am liable to be punished according to the Rules and Regulations of the University.

Date: .....

Signature of Student: .....

**Signed in the presence of the Vice Chancellor**

**Witnessed by the Registrar**

Signature of Registrar .....



## DECLARATION FOR THESIS WRITING

This form must be filled by PhD and Masters Student by full research mode only

Name \_\_\_\_\_

Matric No. \_\_\_\_\_

Passport No. \_\_\_\_\_

Programme \_\_\_\_\_

College \_\_\_\_\_

Thesis Title  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Language Use for Thesis Writing ( ) Malay Language ( ) English Language

\*please tick (√) one

Supervisor \_\_\_\_\_

Supervisor's Recommendation This student should write his/her thesis in:

( ) Malay Language ( ) English Language

\_\_\_\_\_  
(supervisor's signature & stamp)

\_\_\_\_\_  
(Date)

\*please tick (√) one

Student's Signature \_\_\_\_\_

Date \_\_\_\_\_

Please note that candidate who writes a thesis in the English language should fulfill the required English proficiency as required by the University Senate

