



Faculty of Computing
Universiti Teknologi Malaysia

PSM 1/2 (SEC_x 3032/4134) SHORT SEMESTER APPROVAL REQUEST FORM

Session/Semester:

Instruction: [Student] - Please submit a completed form to the Program PSM Committee Member.

SECTION A: Student and project info

Name:			
Project Title:			
PSM1 (SEC__3032)		PSM2 (SEC__ 4134)	
Supervisor:			
Project Type:		Matric. No.:	
E-mail Add.:		No. Tel/HP:	
Reason for PSM registration for short semester: <i>*please provide proof where necessary.</i>			
Date:		Signature:	
Supervisor Endorsement		Date:	
SV Note:		Signature and Official Stamp:	

SECTION B: Request Results

***Note: Completed by JKPSM.*

DATE:	APPROVED / DENIED	SIGNATURE AND OFFICIAL STAMP:
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