

COURSE REGISTRATION FORM

NAME : Ma Pengcheng PROGRAMME : UOS MBA

IC/PASSPORT : EH3209831 SEGi STUDENT ID : SCKL2102006

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EMAIL : web.pengcheng@gmail.com YEAR/SEMESTER : Y1/S2

EXAM MONTH : _____

NO	COURSE CODE	COURSE NAME	DAY & TIME	LECTURER NAME
1	PGBM146	Value Creation in Organizations -Managing Operations & Marketing	Saturday(8.30am-12.30pm)	Dr Pradeep
2	PGBM141	Professional Management & Leadership Context	Saturday (8.30am-12.30pm)	Ms Norafieqah
3	PGBM161	Dissertation	Sundays (2.00pm-6.00pm)	Dr Sanmugam
4				
5				
6				

Note: Please fill in all the required information and ensure that it is true and correct.

SIGNATURE : Ma Pengcheng DATE : 25/05/2022

FOR OFFICE USE ONLY

AAS

APPROVED & CHECKED BY : _____ DATE : _____

UPDATE CMS : YES ☐ NO ☐

CREDIT CONTROL DEPARTMENT

FEE STATUS : _____ OFFICER'S SIGNATURE : _____

VERIFIED BY : _____ DATE : _____

UPDATE CMS : YES ☐ NO ☐