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| **UNIVERSITI KEBANGSAAN MALAYSIA****FAKULTI SAINS KESIHATAN****BORANG PENAMBAHAN/PENGURANGAN UNIT PRASISWAZAH****SEMESTER \_\_\_\_\_ SESI\_\_\_\_\_\_\_\_\_** |
| Nama : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_No. Pendaftaran : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_No. Telefon : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_e-Mel : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| Kod Kursus(perlu daftar) | I.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_II.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | III.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_IV.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Sebab :  | 1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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PNGS : \_\_\_\_\_\_\_\_\_\_\_\_

PNGK : \_\_\_\_\_\_\_\_\_\_\_\_

Tandatangan Pelajar : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tarikh:\_\_\_\_\_\_\_\_\_\_\_\_

Perakuan Ketua Jabatan:

Saya perakukan/tidak perakukan untuk penambahan/pengurangan unit.

Tandatangan : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tarikh: \_\_\_\_\_\_\_\_\_\_

dan Cop

Kelulusan Dekan/Timbalan Dekan

Saya luluskan/tidak luluskan untuk penambahan/pengurangan unit.

Tandatangan : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tarikh:\_\_\_\_\_\_\_\_\_\_\_\_

dan Cop

Nota : potong yang tidak berkenaan

Sila sertakan 1 salinan keputusan peperiksaan