



Jabatan Pengurusan Sumber Manusia

**PLAN OF STUDIES
(MASTER/CLINICAL MASTER)**

Pegawai Perubatan
 Pegawai Pergigian

Sila tanda (✓) pada ruangan berkaitan

CATEGORY OF STUDY LEAVE :

NAME OF STUDENT :

STAFF ID :

PLACE OF STUDY :

PERIOD OF STUDY APPROVED :

PROGRAMME OF STUDY :

AREA OF SPECIALIZATION :

Term/Semester Quarter System	Discipline Prefix/Subject	Subject/ Course Title	Credit Hours Attempted	Remarks: Major Minor Gen./Elect. Requirement

Credit Hours required : _____ Credit Hours Exempted : _____

Total Hour : _____

Authorised by:

Name of Supervisor

Signature of Supervisor/Dean & Official Stamp

Date: _____