

BORANG PERMOHONAN PENAMBAHAN MASA LATIHAN INDUSTRI
EXTENSION OF INDUSTRIAL TRAINING DURATION APPLICATION FORM

BAHAGIAN A : MAKLUMAT PELAJAR (Diisi oleh pelajar)
SECTION A : STUDENT INFORMATION (Filled by student)

Nama <i>Name</i>	<input type="text"/>		
No. Matrik <i>Matric No</i>	<input type="text"/>		
Program <i>Programme</i>	<input type="text"/>		
Fakulti <i>Faculty</i>	<input type="text"/>		
Alamat <i>Address</i>	<input type="text"/>		
No. Telefon <i>Phone No.</i>	<input type="text"/>	Emel <i>Email</i>	<input type="text"/>

BAHAGIAN B : MAKLUMAT PENAMBAHAN MASA (Diisi oleh Pelajar)
SECTION B : EXTENSION DURATION INFORMATION (Filled by Student)

Tarikh Mula Latihan Industri <i>Start Date of Industrial Training</i>	<input type="text"/>	Tarikh Tamat Latihan Industri <i>End Date of Industrial Training</i>	<input type="text"/>
Tempoh Tambah Masa <i>Duration of Extension</i>	<input type="text"/>	Bulan <i>Months</i>	<input type="text"/>
Tarikh Mula Tambah Masa <i>Start Date of Extension Time</i>	<input type="text"/>	Tarikh Tamat Tambah Masa <i>End Date of Extension Time</i>	<input type="text"/>

PUSAT LATIHAN MENGAJAR DAN INDUSTRI (PULAMI)

Nyatakan sebab
memohon penambahan
masa

(sila sertakan dokumen
sokongan)

*State the reason for
applying for extension
(Please attach supporting
documents)*

Tandatangan
Pemohon :
*Signature of
the Applicant*

Tarikh :
Date

BAHAGIAN C : ULASAN / KENYATAAN PENYELARAS LATIHAN INDUSTRI

(Sila sertakan lampiran sekiranya ruangan ini tidak mencukupi)

SECTION C : COMMENT / STATEMENT OF INDUSTRIAL TRAINING COORDINATOR

(Please attach an attachment if this space is not enough)

Ulasan Penyelaras LI
*Comments from LI
Coordinator*

Tandatangan
Signature

Cop Rasmi
Official Stamp

Nama
Name

Tarikh
Date

BAHAGIAN D : ULASAN / KENYATAAN KETUA JABATAN

(Sila sertakan lampiran sekiranya ruangan ini tidak mencukupi)

SECTION D : COMMENT / STATEMENT OF HEAD OF DEPARTMENT

(Please attach an attachment if this space is not enough)

Ulasan Penyelaras LI
*Comments from head of
Department*

Tandatangan
Signature

Cop Rasmi
Official Stamp

Nama
Name

Tarikh
Date

BAHAGIAN E : KELULUSAN PENGARAH PULAMI
SECTION E : PULAMI DIRECTOR'S APPROVAL

Kenyataan Pengarah
(jika ada)
Director's Statement
(if any)

Permohonan penambahan tempoh di atas ***DILULUSKAN / TIDAK DILULUSKAN**
*Application for extension of study is *APPROVED / NOT APPROVED*

Tandatangan
Signature

:

Cop Rasmi

Official Stamp

:

Nama
Name

:

Tarikh

Date

:
