

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

BAHAGIAN A : MAKLUMAT PELAJAR (Diisi oleh pelajar)
SECTION A : STUDENT'S 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 OF DURATION INFORMATION (Filled by Student)

Nama Organisasi <i>Organisation's Name</i>	<input type="text"/>		
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"/>	Minggu <i>Week</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"/>

Nyatakan sebab
memohon penambahan
masa

(Sila sertakan dokumen
sokongan)

*State the reason of
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 the space provided 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 the space provided is not enough)

Ulasan Ketua Jabatan

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 duration is ***APPROVED / NOT APPROVED***

Tandatangan
Signature

:

Cop Rasmi

Official Stamp

:

Nama
Name

:

Tarikh

Date

:

CATATAN
NOTES

Borang yang telah lengkap diisi perlu dimajukan kepada pihak penyelaras latihan industri, ketua jabatan dan pihak PuLaMI (plmi@upsi.edu.my)

The completed form must be forwarded to the industrial training coordinator, head of department and PuLaMI (plmi@upsi.edu.my).



www.upsi.edu.my

