

APPLICATION TO CONTINUE STUDY

FOR UUM COLLEGE OF BUSINESS PROGRAMMES

APPLICANT'S GENERAL INFORMATION	
Name:	Matric No:
Telephone No. Home: Office: Mobile No.:	Email:
Programme:	Current Semester:
1 st Supervisor: 2 nd Supervisor (if any): School:	
TO BE COMPLETED BY THE MAIN SUPERVISOR	
Research Progress:	
Expected Date of Completion (Viva):	
I hereby support/do not support the application to continue study for the above student	
Supervisor's signature and Stamp	Date:
FOR OFFICE USE ONLY	
Recommendation from JIL COB	Date:
Recommended Not Recommended/Termination	