

**UNIVERSITI SAINS MALAYSIA**

**BAHAGIAN HAL EHWAL PEMBANGUNAN PELAJAR DAN ALUMNI**

PENANGGUHAN PROGRAM

|  |
| --- |
| **MAKLUMAT PEMOHON** |
| Nama | : | ........................................................................................................... |
| Jawatan | : | ........................................... | No. Telefon : | .................................. |
| Nama Pertubuhan | : | ........................................................................................................... |
|  |
| **MAKLUMAT PROGRAM** |
| Nama Program | : | ........................................................................................................... |
| Tarikh | : | ............................................. | Masa : | .................................. |
| Tempat | : | ........................................................................................................... |
|  |  |  |
| **PERMOHONAN PENANGGUHAN** |
| Tarikh Baru | : | ........................................................................................................... |
| Masa | : | ........................................................................................................... |
| Tempat | : | ........................................................................................................... |
| Alasan | : | ........................................................................................................... |
|  |  | ........................................................................................................... |
|  |  |  |

**ULASAN PENASIHAT PERTUBUHAN**

……...........................................................................................................................................

……...........................................................................................................................................

Tandatangan dan cop rasmi : ...........................................

Tarikh : ...........................................

**PENGESAHAN OLEH PEGAWAI BHEPA**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Permohonan |  | diluluskan / |  | tidak diluluskan. |

Sila pastikan tindakan susulan tentang semua urusan yang berkaitan disegerakan.

Tandatangan dan cop rasmi : .........................................

Tarikh : .........................................