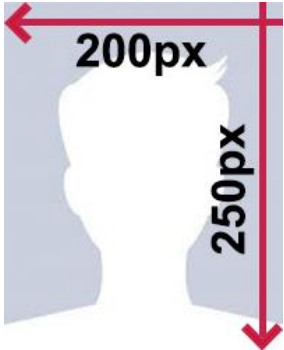




**MAIN SERVICE
POSTGRADUATE
OFFICE OF THE DEPUTY VICE CHANCELLOR
(ACADEMIC & INTERNATIONAL)**

**DECLARATION FORM FOR ONLINE REGISTRATION
[NEW LOCAL POSTGRADUATE STUDENTS]**



Name :
Identity Card (I/C) No. :
Nationality :
Programme Category :
Programme :
Field of Study :
Faculty :
Semester Enrolled :
Email Address :
Corresponding Address :

1. I solemnly declare that –
 - (a) all the information and the supporting documents given by me in this application are true and correct to the best of my knowledge;
 - (b) I shall abide and comply with the rules and regulations as notified by the University from time to time;

2. I understand that –
 - (a) the University reserves the right to request additional supporting documentation; and
 - (b) if any of the information, statements or documents submitted for registration are found to be incorrect, forged or falsified, I shall be disqualified and my admission shall automatically be cancelled by the University.

3. I hereby certify that I have read and understood the contents of this declaration. In compliance with Act 709, the Personal Data Protection Act 2010, I hereby grant my consent for the University to use my personal information exclusively for purposes related to my academic journey, with the intention of enhancing my learning experience and ensuring my safety.

Signature :
Name :
Date :