	PERKHIDMATAN UTAMA SISWAZAH PEJABAT TIMBALAN NAIB CANSELOR (AKADEMIK & ANTARABANGSA) Kod Dokumen: PG/FAD/GS-79
	APPLICATION FOR GRADUATE TEACHING ASSISTANT (GTA) FIRST SEMESTER 2026/2027

PART A APPLICANT'S PERSONAL DETAILS

- Matric No. :
- Full Name :
- Identity Card/Passport No. :
- Gender :
- Date of birth :
- Place of birth :
- Age :
- Marital Status :
- Nationality :

ADDRESS INFORMATION

- Permanent Address :
- Current Address :
- Phone No. (Home) :
- Phone No. (Mobile) :
- E-mail Address :

DETAILS OF STUDY

- Faculty/School/Institute :
- Programme :
- Field of study :
- Programme Level :
- Programme Structure :
- Semester of First Registration :

ADVISOR/SUPERVISOR INFORMATION

- Name of Advisor/Supervisor :
- Department :
- Phone No. (Office) :
- Phone No. (Mobile) :
- E-mail Address :

EDUCATIONAL BACKGROUND

NO	PROGRAMME	NAME OF UNIVERSITY & COUNTRY	QUALIFICATION	YEAR OF ADMISSION	YEAR OF GRADUATION	SPECIALIZATION	ACADEMIC ACHIEVEMENT (CGPA/PERCENTAGE)

I certify that I am currently not receiving any financial assistance for my postgraduate study, have never received any UPM Graduate Research Assistant (GRA) or Graduate Research Fellowship (GRF) during my current programme of study, and will not accept any financial assistance during the tenure of the UPM Graduate Teaching Assistant (GTA). I also certify that all information provided is true and accurate. I understand that the assistantship will be withdrawn if any information is falsified.

☑ Signed by Applicant

Name :

Date :

PART B TO BE COMPLETED BY ADVISOR/CHAIRMAN OF THESIS SUPERVISORY COMMITTEE

☑ Supported ☐ Not Supported

- Reasons For Supporting/Not Supporting The Application :

Name of Course That Will Be Assigned To Student

- Name of course :
- Code :

☑ Signed by

Supervisor Name :

Date :

PART C TO BE COMPLETED BY DEAN OF FACULTY/DIRECTOR OF INSTITUTE

☑ Supported ☐ Not Supported

☑ Signed by Dean, Faculty/Director of Institute Name :

Date :

PART D TO BE COMPLETED BY DEAN, SCHOOL OF GRADUATE STUDIES

☑ Approved ☐ Not Approved

☑ Signed by Dean, School Of Graduate Studies Name :

Date :

Note: This form is computer generated and no signature is required.