	PERKHIDMATAN UTAMA SISWAZAH **PEJABAT TIMBALAN NAIB CANSELOR (AKADEMIK & ANTARABANGSA)** **Kod Dokumen: PG/FAD/GS- 80**
	APPLICATION FOR GRADUATE RESEARCH ASSISTANT (GRA-New) **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/Institute :
- Programme :
- Field of study :
- Programme Level :
- Programme Structure :
- Semester of First Registration :
- Current CGPA :

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 Research Assistant (GRA-New). 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 I understand that the assistantship will be withdrawn if any information is falsified.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 :
- gsProposed Value of The Allowance :
- Source of Fund :
- Funder Reference Code No :
- Project Period :
- Vote No. :
- Balance of Fund at The Time of Application :
- Number of Students/RA Under This Vote :
- Title of Research Project/Programme :
- Proposed Date of Offer :

☑ Signed by Supervisor

Name :

Date :

PART C TO BE COMPLETED BY HEAD OF THE PROJECT/PROGRAMME (IF DIFFERENT FROM PART B)

☑ Supported ☐ Not Supported

I certify that I am the holder of the vote stated in Part B

☑ Signed by Head of Project
Name :
Date :

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

☑ Supported ☐ Not Supported

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

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

☑ Approved ☐ Not Approved

- Scholarship Duration :
- Monthly Allowance :
- Vote No. :

☑ Signed by Dean, School Of Graduate Studies
Name :
Date :

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