

MANAGEMENT SERVICES DIVISION

ACADEMIC / CLINICAL ASSIGNMENT FORM

Name:		Staff No. / Academic Trainee No.:						
Email:		Hand phone:						
Depart	tment / Kulliyyah:							
Course	e:							
Place	of Study:							
Thesis	Title:							
		Date of Final Examination:						
Date o	f Final Submission for Thesis Correction:	Date of Viva:						
Remar	rks (if any):							
	RTANT							
1)	Please attached a copy of submission of corre	ection thesis letter from your University. (if any)						
2)	For Master and Ph.D studies, you are allowed University deems fit and proper once you have	d to be assigned with academic or other responsibilities as the e completed your thesis correction.						
3)	For Master clinical studies, you are allowed to be assigned with clinical assignment or other responsibilities as the University deems fit and proper while waiting for your examination / result.							
FOR O	OVERSEAS CANDIDATE:							
Date o	f departure from oversea:	Date of arrival in Malaysia:						
Flight r	route:	Airlines:						
	AT Signature :							

FOR KULLIYYAH'S VERIFICATION

(Please complete this section and submit a copy to MSD)

This is	s to ce	ertify	y that the <u>a</u>	cademi	ic staff / acad	dem	nic trainee	has submitted t	he <u>co</u>	rrectio	on of the th	nesis / v	waiting fo	or exan	nination
and	to I	be	assigned	with	academic	1	clinical	responsibilities	at	the	KCDIO	with	effect	from	(date)
				u	ntil			·							
Remarks (if any):															
*For academic assignment, the academic staff / academic trainee is allowed for teaching with a maximum of two (2) courses only.															
Dean / Director / Head of Department Kulliyyah / Centre / Department									 Date						
, ,			Official Star												