

STUDENT ACADEMIC PROGRESS REPORT FOR ACADEMIC YEAR/SEMESTER/QUARTER

SECTION A - To be completed by student

(N.B. Please ensure upon completion of Section A, this is to be submitted to Supervisor/Academic Registrar/Head of Program who will complete Section B and transmit it directly to UiTM).

transı	mit it directly to UiTM).							
1.	Name of student:							
2.	Student number:							
3.	I.C. number:							
4.	Program of study/Degree sought:							
5.	Period of study approved: FromTo							
6.	Area of specialization:							
7.	Period on which this report is based:							
	FromTo							
8.	Name of Supervisor/Academic Registrar/Head of Program.							
9.	Total credit hours/subjects required to complete program: Credit hours/subjects							
10.	(a) Total of transfer credit hours/subjects obtained from University. Credit hours/subjects (b) Total and it have (which the convenients of the							
	(b) Total credit hours/subjects accumulated: Credit hours/subjects Credit hours/subjects							

	Date of initial registration	:]					
12.	Expected date of complete	ion:]					
13.	Courses/subjects/examinations taken this academic year/semester/quarter:							
	Name of Courses/Subjects	Code	Credits	Grade				
(N.B.	Copy of examination transc	ript must be enclosed)						
<i>(N.B.</i> 14.		ript must be enclosed)						
	Copy of examination transc	ript must be enclosed)						
14.	Copy of examination transc							
14. 15.	Copy of examination transc GPA: CGPA: Frequency of consultation							
14. 15.	Copy of examination transc GPA: CGPA: Frequency of consultation							
14.15.16.	Copy of examination transce GPA: CGPA: Frequency of consultation period of this report: Research Progress:	with Supervisor/Acade		ogram during				

(c)	Collection of data:
(d)	Analysis of data:
(e)	Chapters completed and progress:
(f)	Date of submission:
(g)	Date of defence/oral:
(h)	Problems:

SECTION B -To be completed by Supervisor/Academic Registrar/Head of Program: N.B Strictly confidential. Not to be disclosed to student. Please send direct to: SENIOR DEPUTY REGISTRAR (ACADEMIC) RECRUITMEN DIVISION **HUMAN RESOURCE MANAGEMENT DEPARTMENT** REGISTRAR'S OFFICE UNIVERSITI TEKNOLOGI MARA 40450 SHAH ALAM **SELANGOR DARUL EHSAN** (FAKS: 03-55443086) Name of Student: Program of Study: Area of Specialization: Comments on student's progress: 1. Stage of thesis/project/coursework: 2. 3. Expected date of completion:

4.	Student's rating for the following: (on a scale of 1 to 10)										
		1 •poor	2	3	4	5	6	7	8	9 	10 •• cellent
	3	P									
	(a)	Dilige	ence					-			
	(b) Attendance							-			
	(c)	Interest						-			
	(d)) Work quality and efficiency -									
	(e)	Engli	sh prot	ficiency:							
		i)	Writ	ten				-			
		ii)	Oral					-			
	(f)	Abili	ty to w	ork inde	epende	ently		-			
	(g)	Over	all per	formanc	е			-			
3.	Reco	mmend	ations	:							
Date:											
_ 2.3.								Nar (Of	ne of Su ficial Sta	pervisoi amp)	/Head of Program