



UNIVERSITI MALAYA

INSTITUT PENGAJIAN SISWAZAH
INSTITUTE OF POSTGRADUATE STUDIES

**BORANG PERAKUAN FAKULTI / AKADEMI / INSTITUT / PUSAT
(Untuk Kegunaan Fakulti / Akademi / Institut / Pusat SAHAJA)**

**FACULTY / ACADEMY / INSTITUTE / CENTRE RECOMMENDATION FORM
(For Faculty / Academy / Institute / Centre Use ONLY)**

Ulasan oleh penyelia yang dicadangkan / Comments by the proposed supervisor(s)

1. _____ _____ _____ _____ _____ _____ _____ _____ _____	2. _____ _____ _____ _____ _____ _____ _____ _____ _____
_____ Tandatangan / Signature Tarikh / Date	_____ Tandatangan / Signature Tarikh / Date

Perakuan oleh Ketua Jabatan / Recommendation by Head of Department

Tandatangan / Signature

Tarikh / Date