

**FAKULTI SYARIAH DAN UNDANG-UNDANG
PROPOSAL SUBMISSION FOR QUALIFYING TEST FORM**

Student's Name :

Registration No.:

Passport No.:

Telephone No.:

E-mail:

Programme:

Mode of Registration: Part Time / Full Time*

Date of Registration:

Current Semester:

Research Proposal Topic:

RECOMMENDATION OF SUPERVISOR (S)

Supervisor 1 :

Comment :

Proceed for Qualifying Test : Yes/ No*

Supervisor 2 :

Comment :

Proceed for Qualifying Test : Yes/ No*

FOR OFFICE USE

JPSU Approval Date : _____

Qualifying Test Examiner 1 : _____

Qualifying Test Examiner 2 : _____

Qualifying Test Examiner 3 : _____

Proposed Qualifying Test Date : _____

**delete whichever inapplicable*