



KOLEJ UNIVERSITI ISLAM ANTARABANGSA SELANGOR
 الكليز الجامعية الإسلامية العالمية سنڤالڤور
 INTERNATIONAL ISLAMIC UNIVERSITY COLLEGE SELANGOR

Student's Name : _____
 Matrix No. : _____
 Phone No. : _____
 Email : _____

PUSAT HAL EHWAL MAHASISWA

Programme : _____
 Semester : _____
 Session : _____
 Faculty : _____

ADD / DROP COURSE(S) APPLICATION FORM

COURSES TO BE ADDED

NO.	COURSE CODE	COURSE TITLE	REASONS	DATE
1				
2				
3				
4				
5				

COURSES TO BE DROPPED

NO.	COURSE CODE	COURSE TITLE	REASONS	DATE
1				
2				
3				
4				
5				

Student's Signature : _____ Date : _____

VERIFICATION BY PHEM OFFICE

OFFICER	HEAD OF SECTION	HEAD OF PHEM
Name : _____ Date : _____ Signature & Stamp : _____	Name : _____ Date : _____ Signature & Stamp : _____	Name : _____ Date : _____ Signature & Stamp : _____

For more information, please email mentor@kuis.edu.my or
 call 03-89117000 ext. 3517/3106/1105