



AUTHORIZATION FORM For Collection Form For Settlement of Fees

Note:

1. Graduate should complete and sign this authorization form.
2. The representative is required to:
 - a) **Complete this authorization form and have it signed by Graduate**
 - b) **Attach a copy of graduate's MyKad/Passport**
 - c) **Attach the original and a copy of representative's MyKad/Passport**

SECTION A : GRADUATE'S DETAIL

Name : _____
(in capital letters as per MyKad/Passport)

MyKad/Passport No. : _____

Student ID : _____

Faculty : _____

Programme : _____

Year of Convocation : _____

Email Address : _____

Mobile No. : _____

SECTION B : GRADUATE'S CONSENT

I hereby appoint the below mentioned name as my representative to collect the form for Settlement of Fees on my behalf. I acknowledge that the University will not be held responsible for any claims made by me.

Signature: _____

Date: _____

SECTION C : REPRESENTATIVE'S DETAIL

Full Name : _____

MyKad/Passport No. : _____

Relationship : _____

Mobile No. : _____

Signature : _____ Date: _____

OFFICE USE ONLY

Received by : _____ Date: _____

Collection of : Form for Settlement of Fees