

I believe to the best of my knowledge that all the statements made are true and accurate to this report. I should be responsible to the report I made and aware of the consequences if the report is false.

Report by:

Name :

Signature : _____

Date : _____

Office Use Only

Report received by:

Name :

Designation & stamp:

Signature : _____

Date : _____

Action taken by International Center:

PTJ	Action Taken		
	Email	Call	Letter
Vice Chancellor Office			
Deputy Vice Chancellor Office (Academic & International)			
Deputy Vice Chancellor Office (Research & Innovation)			
Deputy Vice Chancellor Office (HEPA)			
International Centre			
Sultan Mahmud Islamic Center (Pusat Islam Sultan Mahmud)			
Security			
Students College (Kolej Siswa)			
Postgraduate Management Center			
Sultanah Nur Zahirah Library (PSNZ)			
University Health Center (Pusat Kesihatan Universiti)			
Sports & Recreation Center (Pusat Sukan & Rekreasi)			
Others : Please state			