



Unit Akademik (Pascasiswazah)
Fakulti Pergigian, Aras 8
UiTM Kampus Sungai Buloh
Tel: 03-6126 6673/6662 /6607

Borang Permohonan Postgraduate Bench Fees

MAKLUMAT PENTING

1. Kemudahan ini diberikan **sepanjang tempoh pengajian** bagi pelajar Pascasiswazah Fakulti Pergigian UiTM Kampus Sungai Buloh (Sarjana/Doktor Kepakaran Klinik/Doktor Falsafah)
2. Permohonan menghadiri Konferen/Sangkutan Luar Uinversi/Mobiliti Program (Luar Negara) hendaklah dikemukakan selewat-lewatnya **3 bulan** atau lebih awal sebelum tarikh persidangan (tarikh pendaftaran persidangan) / program penyelidikan luar negara.
3. Permohonan menghadiri Konferen/Kursus/Workshop di **Dalam Negara** hendaklah dikemukakan selewat-lewatnya 14 hari atau lebih awal sebelum tarikh Konferen/Kursus/Workshop diadakan;

Bagi permohonan perkara 2 dan 3 di atas, sila lampirkan bersama:

- (i) Surat jemputan/brosur dari penganjur persidangan
 - (ii) Salinan kertas kerja penuh dan surat terimaan (*sekiranya ada*)
4. Permohonan pembelian *Material/Clinical* perlu disertakan Sebutharga Pembekal yang berdaftar dengan UiTM;
 5. Permohonan yang dikemukakan tanpa maklumat/lampiran yang lengkap tidak akan dipertimbangkan.
 6. Pelajar perlu memohon **kelulusan** dari **Penyelia (bagi permohonan kod penyelidikan), Pengarah Program (bagi permohonan kod seminar/bengkel)** masing-masing.

MAKLUMAT PENTING SELEPAS MENERIMA SURAT KEPUTUSAN/KELULUSAN

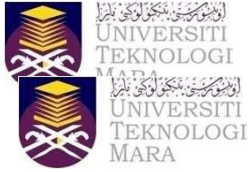
Selepas pembentangan kertas kerja/menghadiri konferen/seminar/*workshop* untuk tujuan tuntutan bayaran perbelanjaan, pelajar adalah dipohon untuk mengemukakan, salinan asal tiket penerbangan, inouis dan resit asal (yuran, sewa hotel, resit pengangkutan sama ada teksi, tren, atau lain-lain) dan lain-lain dokumen yang berkaitan untuk seminar tersebut tidak lewat **3 bulan** dari tarikh akhir pembentangan kertas kerja/menghadiri konferen/seminar/*workshop*).



Postgraduate Bench Fees Application Form

| Summary of Bench Fees Application for Postgraduate Students | | | | | | | | | | | | | |
|--|---|--|--|--|--|--|--|--|--|--|--|--|--|
| Student name: Student ID: Email: Telephone: Faculty : Campus: | | | | | | | | | | | | | |
| Activity level: | <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border-bottom: 1px solid black; text-align: center;"> </td> <td style="width: 50%; border-bottom: 1px solid black; text-align: center;"> </td> </tr> <tr> <td style="border-bottom: 1px solid black; text-align: center;"> </td> <td style="border-bottom: 1px solid black; text-align: center;"> </td> </tr> <tr> <td style="border-bottom: 1px solid black; text-align: center;"> </td> <td style="border-bottom: 1px solid black; text-align: center;"> </td> </tr> <tr> <td style="border-bottom: 1px solid black; text-align: center;"> </td> <td style="border-bottom: 1px solid black; text-align: center;"> </td> </tr> <tr> <td style="border-bottom: 1px solid black; text-align: center;"> </td> <td style="border-bottom: 1px solid black; text-align: center;"> </td> </tr> <tr> <td style="border-bottom: 1px solid black; text-align: center;"> </td> <td style="border-bottom: 1px solid black; text-align: center;"> </td> </tr> </table> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <div style="text-align: left;"> <p>International</p> <p>National</p> <p>State</p> <p>Public University</p> <p>Agency</p> </div> <div style="text-align: left;"> <p>District</p> <p>University</p> <p>Campus</p> <p>Faculty</p> <p>Society</p> </div> </div> | | | | | | | | | | | | |
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| Attending Seminar/ Workshop/ Conference | | | | | | | |
|---|--|--|-------------|--|----------------------|--|--|
| | | | | | | | |
| | | | | | | | |
| Activity: | <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; border-bottom: 1px solid black; text-align: center;"> </td> <td style="border-bottom: 1px solid black;">Participant</td> </tr> <tr> <td style="border-bottom: 1px solid black; text-align: center;"> </td> <td style="border-bottom: 1px solid black;">Speaker Presentation</td> </tr> <tr> <td style="border-bottom: 1px solid black; text-align: center;"> </td> <td style="border-bottom: 1px solid black;"> </td> </tr> </table> | | Participant | | Speaker Presentation | | |
| | Participant | | | | | | |
| | Speaker Presentation | | | | | | |
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| Activity Summary: | | | | | | | |
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Postgraduate Bench Fees Application Form

| Presentation of Research Paper | | | | | |
|--|-----------------------------|------|-------|-----------|-----------|
| <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="flex: 1;"> <p>Type of Presentation:</p> </div> <div style="flex: 1; text-align: right;"> <p>Oral <input type="checkbox"/></p> <p>Poster <input type="checkbox"/></p> </div> </div> | | | | | |
| <p>Title of Presentation:</p> | | | | | |
| Itemised Cost | | | | | |
| | | | | | Cost (RM) |
| | | | | | |
| | | | | | |
| | | | | | |
| Course attended this year or previous year | | | | | |
| No | Course/ Conference/ Seminar | Date | Venue | Organiser | Cost |
| | | | | | |



Postgraduate Bench Fees Application Form

Verification of Bench Fees Application

Total Application:

I hereby declare that the information provided is true.

Applicant Signature:

Date:

Programme Director/Supervisor Summary

| | |
|--------------------------|-----------------|
| <input type="checkbox"/> | Recommended |
| <input type="checkbox"/> | Not Recommended |

Program Director/Supervisor's Signature:

Name:

Stamp:

Date:

Approval by Chairman of Postgraduate Bench Fees Committee

| | |
|--------------------------|--------------|
| <input type="checkbox"/> | Approved |
| <input type="checkbox"/> | Not Approved |

Total Approved:

Lecturer's Signature:

Stamp:

Date: