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IIUM
INTERNATIONAL ISLAMIC UNIVERSITY MALAYSIA

IIUM ACADEMY OF
GRADUATE & PROFESSIONAL STUDIES

REGISTRATION FORM TRAINING & EXPERT SERVICES

PART 1: BACKGROUND OF APPLICANT

Full Name			
Title (Prof./Assoc. Prof./Asst. Prof/ Br./Sr.)			
Identity Card/Passport No			
Nationality			
Staff No			
Department		Kulliyyah	
Contact No: (Ext)		Mobile No	
Email		Alternate Email	
Date of Termination of Contract (For contract staff)			

PART 2: RESEARCH GENERAL INFORMATION

Project Title					
Duration	Months	Start Date		End Date	
Total Funding for Project	RM				
Total Honorarium	RM				
Co-Researcher (s) / (Staff No)	1.				
	2.				
	3.				
	4.				

PART 3: BUDGET DISTRIBUTION

No.	Description	Amount (RM)

PART 4: FUNDING AGENCY/ COMPANY DETAILS

Funding Agency			
Address			
Contact Person			
Telephone No		Fax No	
Email			
Website			

Note:

1. Please attach the offer letter and other supporting documents related to this project.
2. Kindly submit the COMPLETED hard copy of this form to IIUM Academy, Level 1, Block E, KICT Building for the next process.
3. IIUM Academy will email the form to the consultant once signed by the Dean of IIUM Academy.

PART 5: DECLARATION OF APPLICANT OF FUND TRANSFER**A. Types of projects**

Training/ Workshop	☐	Seminar/ Conferences	☐
Policy Paper	☐	Module/ Curriculum Development	☐
Survey/ Report Analysis	☐	Appointed Speaker/ Trainer	☐

B. Offer Letter is attached: ☐ YES ☐ NO**C. Permission to announce to IIUM Community:** ☐ YES ☐ NO*(If NO, please state the reason):* _____**D. The total fund will be deposited into the IIUM Academy Account** *(Kindly attach proof of transfer)*☐ YES ☐ NO**E. IIUM Academy Account Details:**

Account Name: IIUM Continuing Education Centre
Bank Name: Bank Muamalat (M) Berhad
Bank Address: Bank Muamalat (M) Berhad, UIAM Branch, Jalan Gombak, 53100 Kuala Lumpur
Swift Code: BMMBMYKL

PART 6: DECLARATION OF APPLICANT

- I hereby declare that all information given above is true to the best of my knowledge.
- This research will not affect my official duties at the university. I promise that I will give priority to my duties and responsibilities while undertaking this project.
- I hereby acknowledge and agree to be bound by the Terms and Conditions.

NAME & SIGNATURE_____
DATE**Account details for payment purposes**

Bank Name : _____

Account No : _____

PART 7: RECOMMENDATIONS**RECOMMENDATION BY THE HEAD OF RESEARCH/ DEPUTY DEAN POSTGRADUATE**Recommended ☐ Not Recommended ☐_____
NAME & SIGNATURE OF THE RECOMMENDING AUTHORITY_____
DATE**RECOMMENDATION BY THE DEAN OF KULLIYAH**Recommended ☐ Not Recommended ☐_____
NAME & SIGNATURE OF THE RECOMMENDING AUTHORITY_____
DATE**FOR OFFICE USE ONLY**

Project ID: _____ Date Received: _____

APPROVAL BY IIUM ACADEMYAPPROVED ☐ NOT APPROVED ☐_____
SIGNED BY:_____
DATE