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Revision No	1
Effective Date	20-Oct-26

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 or email to illani@iium.edu.my

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 project

Training/ Workshop	☐	Seminar/ Conferences	☐	Expert Services (Honorarium)	☐
Policy Paper	☐	Module/ Curriculum Development	☐	Others: _____	
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

1. I hereby declare that all information given above is true to the best of my knowledge.
2. 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.
3. 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 KULLIYYAH/ DEPUTY RECTOR/ RECTOR

Recommended ☐ Not Recommended ☐

_____ _____

NAME & SIGNATURE OF THE RECOMMENDING AUTHORITY **DATE**

FOR OFFICE USE ONLY

Project ID: _____ Date Received:_____

APPROVAL BY IIUM ACADEMY

APPROVED ☐ **NOT APPROVED** ☐

_____ _____

SIGNED BY: **DATE**