

OFFICE OF STUDENT DEVELOPMENT AND ALUMNI  
UNIVERSITI UTARA MALAYSIA

**PRACTICUM REGISTRATION FORM**

PRACTICUM SESSION:

DATE:

NAME (as appeared on IC)			
TEL. NO.	MOBILE		
	HOME		
MATRIC NO.			
PROGRAM			
MAJOR(if any)			
SEMESTER		CGPA	
PREFERRED CITY	CHOICE 1		
	CHOICE 2		
DPP ADDRESS			
HOME ADDRESS			
STUDENT'S SIGNATURE			

**ADMINISTRATIVE PURPOSE**

DATE OF ACCEPTANCE	INPUT BY	DATE	APPROVAL