



Ghazali Shafie  
Graduate School  
of Government

Universiti Utara Malaysia



INSTITUTE OF EXCELLENCE FOR  
ISLAMIC JERUSALEM STUDIES

Universiti Utara Malaysia

## FEEDBACK FORM / BORANG PENGESAHAN KEHADIRAN WORKSHOP IEIJS:

|                                                                                                                                                                                                                                                    |                                                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| <b>DETAILS OF PARTICIPANT</b>                                                                                                                                                                                                                      |                                                        |
| Name :                                                                                                                                                                                                                                             | Staff / Matric Number :                                |
| Organization :                                                                                                                                                                                                                                     |                                                        |
| Position :                                                                                                                                                                                                                                         | Email :                                                |
| Tel. Number (P) :                                                                                                                                                                                                                                  | (H) : (Fax) :                                          |
| <b>PARTICIPATION AND TYPE OF PAYMENT</b>                                                                                                                                                                                                           |                                                        |
| UUM Staff ( )                                                                                                                                                                                                                                      | Vot ( )                                                |
| Others ( )                                                                                                                                                                                                                                         | Cash ( ) PO ( )                                        |
| Student ( )                                                                                                                                                                                                                                        | Cheque / Money Order/Bank Draft /Receipt Number: _____ |
| <b>CONFIRMATION OF PARTICIPATION</b>                                                                                                                                                                                                               |                                                        |
| I acknowledge that I will be <b>attend / not attend</b> the seminar.                                                                                                                                                                               |                                                        |
| _____                                                                                                                                                                                                                                              | _____                                                  |
| Signature                                                                                                                                                                                                                                          | Date                                                   |
| <b>Verification from Head Department</b>                                                                                                                                                                                                           |                                                        |
| The staff nominated is <b>eligible / ineligible</b> to participate this seminar.                                                                                                                                                                   |                                                        |
| suggestions: _____                                                                                                                                                                                                                                 |                                                        |
| _____                                                                                                                                                                                                                                              |                                                        |
| _____                                                                                                                                                                                                                                              | _____                                                  |
| Signature                                                                                                                                                                                                                                          | Date                                                   |
| <b>Verification</b>                                                                                                                                                                                                                                |                                                        |
| * <b>Approved / not approved</b> of staff attendance and seminar <b>cost RM75.00</b> through transfers vot College / Department to <b>Ghazali Shafie Graduate School of Government, UUM COLGIS.</b>                                                |                                                        |
| Comment: _____                                                                                                                                                                                                                                     |                                                        |
| _____                                                                                                                                                                                                                                              |                                                        |
| Date : _____                                                                                                                                                                                                                                       | Signature : _____                                      |
|                                                                                                                                                                                                                                                    | : _____                                                |
|                                                                                                                                                                                                                                                    | (Name and Stamp)                                       |
| Please return the completed and approved Form to:                                                                                                                                                                                                  |                                                        |
| <b>Institute of Excellence for Islamic Jerusalem Studies (IEIJS)</b><br><b>Ghazali Shafie Graduate School of Government (GSGSG), UUM COLGIS</b><br><b>Universiti Utara Malaysia</b><br><b>No. Tel : 04-9287769/7766      No. Faks : 04-9287799</b> |                                                        |