

## CONFIRMATION OF COURSE/WORKSHOP/TALK ATTENDANCE

| PARTICIPANT INFORMATION                                                                                                                                                                                                           |                          |                   |                          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-------------------|--------------------------|
| Course/Workshop/Talk Name:                                                                                                                                                                                                        |                          |                   |                          |
| Name :                                                                                                                                                                                                                            |                          | Position :        |                          |
| Department :                                                                                                                                                                                                                      |                          | Email :           |                          |
| Contact No. (H/P) :                                                                                                                                                                                                               | (H) :                    | (Fax) :           |                          |
| Address :                                                                                                                                                                                                                         |                          |                   |                          |
| PARTICIPATION AND TYPE OF PAYMENT                                                                                                                                                                                                 |                          |                   |                          |
| UUM Staff/UUM Student (RM100)                                                                                                                                                                                                     | <input type="checkbox"/> | Vote Payment      | <input type="checkbox"/> |
| Non-UUM Participant (RM150)                                                                                                                                                                                                       | <input type="checkbox"/> | Cash              | <input type="checkbox"/> |
|                                                                                                                                                                                                                                   |                          | Cheque            | <input type="checkbox"/> |
| APPROVAL                                                                                                                                                                                                                          |                          |                   |                          |
| <b><u>Head of Unit/Division Approval</u></b>                                                                                                                                                                                      |                          |                   |                          |
| The nominated staff is hereby approved to attend the workshop/seminar.                                                                                                                                                            |                          |                   |                          |
| _____                                                                                                                                                                                                                             |                          | _____             |                          |
| Date                                                                                                                                                                                                                              |                          | Signature         |                          |
| <b><u>Head of Department Approval</u></b>                                                                                                                                                                                         |                          |                   |                          |
| Attendance is approved and payment amount of RM _____ only through vote transfer/cash/cheque made to <b>BENDAHARI UNIVERSITI UTARA MALAYSIA (Bank Islam Malaysia Berhad: 02093010000010)</b>                                      |                          |                   |                          |
| Date : _____                                                                                                                                                                                                                      |                          | Signature : _____ |                          |
| Name and Department Stamp : _____                                                                                                                                                                                                 |                          |                   |                          |
| <p style="text-align: center;"><b>Please return completed and approved form to :</b><br/><b>University Teaching and Learning Centre (UTLC)</b><br/><b>Tel: 04 - 928 4043/4043/4055/4056/4058</b><br/><b>Fax : 04-928 4054</b></p> |                          |                   |                          |
| <b>Note :</b> <ul style="list-style-type: none"><li>• UTLC has the right to make any changes if necessary.</li><li>• The workshop date and fees are subject to changes according to the venue and workshop needs.</li></ul>       |                          |                   |                          |

**\*\*Sekiranya pensyarah yang dicalonkan untuk hadir ke kursus ini gagal menghadiri kursus tersebut maka potongan vot akan tetap dilakukan.**

**\*\*Payment will be deducted from the vote, even if the nominated lecturer fails to attend.**