

MJIIT STUDENT INCENTIVE APPLICATION FORM

MALAYSIA-JAPAN INTERNATIONAL INSTITUTE OF TECHNOLOGY Tel: +6 03-2203 1517 Fax: +6 03-2203 1266 e-mail: mjiit@utm.my http://www.mjiit.utm.my

Please affix a passport sized photo here

Please note that

NAME:

A. PERSONAL PARTICULARS

- 1. Only **full-time** MJIIT postgraduate students by master taught course programs are eligible to apply.
- 2. Copies of all the required information, for example, papers in journals must be attached, or else the application will be considered incomplete or rejected.

PERMANENT ADDRESS:			CONTACT TELEPONE NO:		
CORRESPONDENCE ADDRESS:			E-MAIL:		
DATE OF BIRTH:	PRESENT AGE:	:	MARITAL STATUS:		
PASSPORT OR IC NO.:	NATIONALITY:	ALITY:			
EMPLOYMENT STATUS: (please tick √)					
Full-time		Student			
Self-employed		Retired			
Part-time		Unemployed			
Casual/temporary employment		Others (please state):			
		1			
B. INFORMATION ABOUT THE C	SRADUATE ST	UDY PROGRAM	ME		
NAME OF PROGRAMME: (please tick √)					
Master of Disaster Management (MDRM)					
Master of Sustainable Syste	Master of Sustainable System (MMJS)				
Master of Sustainable and E	Master of Sustainable and Environmental Sciences Joint Degree (MMJJ)				
Master in Technology and In	Master in Technology and Information Management (MTIM)				
EXPECTED DATE OF REGISTRATION:					

C. ACADEMIC QUALIFICATIONS (Provide information on your previous higher education. Please attach the certified copies of documents)				
NAME OF HIGHER INSTITUTION	ENROLME NT DATE	DATE OF GRADUATI ON	ACADEMIC ACHIEVEMENT WITH CGPA (OR EQUIVALENT)	FIELD OF STUDY
1.				
2.				
3.				

D. FINANCIAL SCHEME RECEIVED (Please list the financial scheme you are currently receiving or have received)					
NAME OF SPONSOR	TYPE OF SCHEME (SCHOLARSHI P/ LOAN/GRANT etc)	NAME OF HIGHER LEARNING INSTITUTION	DATE OF FIRST AWARD	DATE OF TERMINATI ON	AMOUNT
1.	,				
2.					
3.					

E. WORKING EXPERIENCE (Please list your current and previous working experience)				
NAME OF JOB	EMPLOYER'S NAME & ADDRESS	MONTHLY SALARY	DATE OF START	DATE OF TERMINATIO N
1.				
2.				
3.				

F. Pl	JBLICATION		
I	Please attach a co ist if this page is insufficient	opy of each paper in the list and the proof of its indexing & imp	npact factor. You may add the
1.	Title of Paper	·/	
	Author(s)		
	Date of Publicatio n	Type of Publication (Please check one)	Journal Conference Book/Book Chapter
	Name of Journal/Book or Proceedings	Volume Pages Impact Factor (Indexed in	(if any)
	Remark or other informatio n	IIIdeAed III	
2.	Title of Paper		
	Author(s)		
	Date of Publicatio n	Type of Publication (Please check one)	Journal Conference Book/Book Chapter
	Name of Journal/Book or Proceedings	Volume Pages Impact Factor ((if any)
	Remark or other informatio n	IIIdeAed III	
3.	Title of Paper		
	Author(s)		
	Date of Publicatio n	Type of Publication (Please check one)	Journal Conference Book/Book Chapter
	Name of Journal/Book or Proceedings	Volume Pages Impact Factor (Indexed in	(if any)
	Remark or other informatio n	·	

G. AWARDS AND RECOGNITIONS RECEIVED						
	(Please attach certified copies of the documents)					
	NAME OF AWARD/RECOGNITION AND THE	DATE	DESCRIPTION			
	AWARDING ORGANIZATION	RECEIVED				
1.						
2.						
3.						
0.						
	PLICANT'S DECLARATION					
I declare that the information submitted in this application form is true. I agree that Malaysia-Japan International						
Institute of Technology has the right to reject this application or withdraw the offer and the decision of MJIIT						
Postgraduate Committee (Research) is final. I understand that my performance will be evaluated annually for						
continued sponsorship in subsequent years.						
 			Applicant's Signature			

PROGRAM COORDINATOR'S RECOMMENDATION I support this application I am not supporting this application Comments: Date Signature and Stamp **MJIIT POSTGRADUATE COMMITTEE DECISION** Recommended Rejected KIV Comments: Date Deputy Dean (Academic)'s Signature and Stamp