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| **STUDENT DETAILS** |
| Student Name |   |
| Student ID |  |
| Programme  |  |

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| **MONTHLY ATTENDANCE RECORD (PLEASE TICK)** | **YES** | **NO** |
| **For Full Time Student** |
| 1 | 30 to 40 hours per week in your research works? If yes, please state how many hours. | ( hrs) |   |
| 2 | Do you spent more than 50% of your total amount of time spent on campus? |  |  |
| **For Part Time Student**  |
| 1.  | 20 to 25 hours per week in your research works? |  |  |
| 2.  | Do you spent time on campus? If yes, please state how many days.  |  ( days) |  |

 *\*\*You may also provide attachment if necessary.*

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| **Student’s Signature**  | **Verified By Main Supervisor** |
|  |  |
| Name: | Name: |
| Date: | Date: |