**SCHOLARSHIP CLAIM FORM**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Student Details** | | | | | | | | | | |
| Name: | |  | | | | | | | | |
| IC No: | |  | | | Staff / Student ID No: | | |  | | |
| Hand Phone No: | |  | | | Email: | | |  | | |
| Course/Programme: | |  | | | University: | | |  | | |
| Account No: | |  | | | Bank Name: | | |  | | |
| **Claim Details** | | | | | | | | | | |
| Semester: |  | | | Start Date: |  | | | End Date: |  | |
| Type of claim:  *Please tick (√) where applicable* | | | | | | | | | | |
| Tuition Fees |  | | Air – Ticket (Economy Class including 20kg Luggage) | | |  | Passport & Visa (Overseas – One time Only) | | |  |
| Total Amount Claim (RM):  *Please attach relevant receipts* | | | | |  | | | | | |
| Declaration:  I declare that the information given in this claim form and its attachments is correct, true and complete and I know that it is an offence to make false claim. | | | | | | | | | | |
| Signature: | | | | | Date: | | | | | |
| **For Human Capital and Administration Department Use Only:** | | | | | | | | | | |
| *Checked & Verified by:* | | | | | *Recommended by:* | | | | | |
|  | | | | |  | | | | | |
| Name:  Date: | | | | | Name:  Date: | | | | | |
| **For Bursary Office Use Only:** | | | | | | | | | | |
| *Verified by:* | | | | | *Approved by:* | | | | | |
|  | | | | |  | | | | | |
| Name:  Date: | | | | | Name:  Date: | | | | | |