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| 1. **STUDENT DETAILS** | | |
| Full Name: | | |
| NRIC/Passport No.: | Student ID: | Contact: |
| Email Address: | | |
| Month Allowance: RM | Claim for: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Month/Year) | |
| Bank: | Account No.: | |

**ATTENDANCE LIST (You may also provide attachment if necessary)**

|  |  |  |  |  |  |  |
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| **Week** | **Date** | **Time** | | **Duration** | **Tasks / Duties** | **Verified by**  **Main Supervisor /Lab Technician** |
| 1 |  | **Start** | **Finish** |  |  |  |
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*Note: GA must contributes a minimum of six (6) hours per week.*

**Declaration**

*I hereby declare that the details provided above are true and correct. False declaration will result in the termination of my contract as a Graduate Assistant.*

Signature of Graduate Assistant,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name:

Date:

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| 1. **MAIN SUPERVISOR VERIFICATION** |

I hereby declare that the above information is true and correct.

|  |  |  |
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| Signature: | Official Stamp & Name: | Date: |

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| 1. **SCHOOL OF POSTGRADUATE STUDIES** |

🞏 Clear and proceed for payment. (For month: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_).

🞏 Insufficient working hours. Payment is suspended until further notice from SPS.

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| Verified By: | Authorized By Dean: |
|  |  |
| Name: | Name: |
| Date: | Date: |

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| 1. **BURSARY OFFICE** |

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| --- | --- |
| Verified By: | Approved By: |
|  |  |
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|
| Bursary Office | VC/DVC/HoD (A&F) |
| Name: | Name: |
| Date: | Date: |