

 SOUTHERN UNIVERSITY COLLEGE 南方大學學院	ACADEMIC AFFAIRS, ADMISSION AND REGISTRATION OFFICE	Document No:	AARO/F_RS/01/2020
	RESUMPTION OF STUDIES APPLICATION FORM	Revision:	01
		Effective Date:	4-September-2020
		Page No:	Page 1 of 1

PERSONAL DATA PROTECTION ACT

I understand and agree that Southern University College has the permission to use my personal data for the purpose of administering. I have read, understood and agreed to the Personal Data Protection Act of Southern University College.
(Note: You may access and update your personal data by writing to us at reg@sc.edu.my)

Name :	_____	Student ID:	_____
Batch No.:	_____		
Year of Deferment:	_____	Semester:	_____
Year of Resumption:	_____	Semester:	_____
Applicant's Signature:	_____	Date:	_____

Faculty (Head of Department / Dean)

Remarks / Suggestions:	Signature: _____ Name: Date:
------------------------	---------------------------------------

Account & Finance Office

Fees: RM _____	Sign & Stamp:
Remarks:	_____ Name: Date:

FOR ACADEMIC AFFAIRS, ADMISSION & REGISTRATION OFFICE USE ONLY

➤ Officer: Remarks / Suggestions:	Sign & Stamp: _____ Name: Date:
➤ Registrar: Remarks / Suggestions:	Sign & Stamp: _____ Name: Date: