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|  SOUTHERN UNIVERSITY COLLEGE 南方大學學院 | ACADEMIC AFFAIRS, ADMISSION AND REGISTRATION OFFICE | Document No: | AARO/F_SR/00/2020 |
| | SUBJECT REGISTRATION APPLICATION FORM | Revision: | 01 |
| | | Effective Date: | 24-July-2020 |
| | | Page No: | Page 1 of 1 |

IMPORTANT NOTES:

- Applicant shall provide correct information and complete the form before submitting to AARO. Approval from Faculty's Head of Department is a must. A lack of signatures or an incomplete form will result in the application ceasing automatically.
- Applicant needs to check **STUDENT PORTAL** and follow up the application. Please check the class time carefully.
- If the information appeared in the timetable is incorrect, please contact AARO immediately to resolve the issue.

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)

PARTICULARS OF STUDENT

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|------------------------------|--|
| Name | Contact No. |
| Student ID | Batch No. |
| Total Credits Earned to-date | GPA for Last Semester |
| Reasons for Application | Please tick (v) in <input type="checkbox"/> <input type="checkbox"/> Retake failed subject(s) <input type="checkbox"/> Take elective subject(s) <input type="checkbox"/> Exempted from specific subject(s) and wish to take replacement subject(s) <input type="checkbox"/> Others (Reason: _____) |

*** Must obtain approval from the subject lecturer if you wish to enroll in a full class**

| Add / Drop | Subject | Name of Lecturer | Timetable | Credits | *Subject Lecturer' Signature |
|------------|---------|------------------|-----------|---------|------------------------------|
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |
| 4. | | | | | |
| 5. | | | | | |
| 6. | | | | | |
| 7. | | | | | |

I have understood and accepted the rules and regulations mentioned in the Important Notes and student handbook.

Student's Signature:

Date:

For Dean of Faculty/ Head of Department Use Only

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|---|----------------|
| Please tick (✓) in <input type="checkbox"/> : <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved | Signature: |
| Comments: | Name: Date: |

For Academic Affairs, Admission and Registration Office Use Only

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|--|------------|
| Please tick (✓) in <input type="checkbox"/> : <input type="checkbox"/> Acknowledged <input type="checkbox"/> Not acknowledged | Signature: |
| | Date: |