

ATTENDANCE

Name:	Student ID:
Faculty:	Program:
Year:	Semester:

Nationality:		Home Address in Malaysia																					
Passport No.:	Passport Expired Date:	House/Apartment No:.....																					
		Street Address:.....																					
		Town/City:..... State:.....																					
Current Insurance Expired Date:	Student Pass Expired Date:	Email:.....																					
		Contact No.:																					
		<table border="1" style="width: 100%; height: 15px;"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																					

NO	SUBJECT CODE / NAME	ATTENDANCE %	LECTURER'S NAME <i>(with stamp)</i>	LECTURER'S SIGNATURE

Certified By:

DEAN / DEPUTY DEAN (Signature)

Name :

Faculty :

Date :