



MALAYSIA UNIVERSITY of SCIENCE and TECHNOLOGY

Level 5, Block B, Encorp Strand Garden Office, No 12 Jalan PJU 5/1, Kota Damansara 47810 Petaling Jaya,
Selangor Darul Ehsan, Malaysia.

GRADUATION SIGN OFF FORM (GSOF)

A graduation sign-off or clearance form needs to be completed by the students and submitted to the Registrar Office.

A: PERSONAL AND PROGRAM PARTICULARS

Name : _____
 Student ID : _____ Identification Number : _____
 Address : _____

 Email : _____
 Citizenship : _____ Contact Number : _____
 Program Enrolled : _____
 Intake : _____

B: CLEARANCE

Please make a clearance / get an approval from respective department stated below:

NO	ACTION	APPROVED BY (SIGNATURE, NAME AND DESIGNATION)	REMARKS
1	Settle due payments tuition fees, hostel fees and etc.	(Finance Department) Date:	
2	Settlement penalty for book and books return to MUST library in order.	(Library) Date:	
3	Return student's card	(IS Department) Date:	
4	Return hostel's room key and confirm by warden on room condition (if applicable).	(Student Affair Department) Date:	
5	Return students's pass (if applicable).	(International Office) Date:	

C: SUPPORTING DOCUMENTATION

I enclose a letter / copy of other supporting document(s) for this application

D: DECLARATION

Please read the following statements and acknowledge before submitting to Registrar's office.

- I hereby accept and abide the rules and regulations of Malaysia University of Science and Technology (MUST) for the graduation policy and procedure
- I declare that all the information provided is true

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Signature of student

Date:

E: TERMS AND CONDITIONS

Eligibility criteria

You are eligible to apply for refund of deposit if:

- You do not have any outstanding payment with Malaysia University of Science and Technology
- You are fully aware and accept to adhere with the rules and regulations of refund deposits

Processing time

- The processing time of this application will take approximately 20 working days from the withdrawal date (excluding Saturday, Sunday and Publics holidays)

F: FOR OFFICE USE ONLY

Proceed by :
Name :

Remarks:

Signature :

Date :

Checked by
Name

Signature :

Date :