



Faculty of Applied Sciences
Universiti Teknologi MARA (UiTM)
40450 Shah Alam, Selangor Darul Ehsan
Tel: +603-5544 4555 Fax : +6035543 5599

APPLICATION FORM - SABBATICAL LEAVE PROGRAM IN FACULTY OF APPLIED SCIENCES

PERSONAL DETAILS

Name : _____ Sex : _____
Age : _____ DOB : _____
Home Phone : _____ Mobile : _____
Fax : _____ Email address : _____
Nationality : _____
Passport No./IC : _____ Visa No. : _____
(if applicable)
Home Address : _____

SABBATICAL LEAVE PROGRAM DETAILS

Type of program (e.g research, teaching etc) : _____

Purpose of program (if research, please : _____
provide a copy of research proposed) _____

Expected outcome : _____

Duration : _____
Start and end date : From _____ to _____
Preferred department/faculty : _____

** Please email this form and attach your curriculum vitae in English to web_fsg@salam.uitm.edu.my*

FOR OFFICE USE ONLY

Remarks

.....
.....
.....

Signature

.....
Signature of Applicant
Date :

.....
Dean
Faculty of Applied Sciences