	PERKHIDMATAN UTAMA **PRASISWAZAH** **PEJABAT TIMBALAN NAIB CANSELOR** **(AKADEMIK & ANTARABANGSA)** **Kod Dokumen: PU/PS/BR05/PEP**
	BORANG KEMAJUAN PRESTASI PELAJAR **(SEMESTER ..... SESI .....)**

Nama Pelajar :	**No. Matrik :**
Nama Pensyarah/ Penasihat Akademik :	**Kod Kursus (jika berkenaan) :**
Jabatan :	**Program :**

(Sila tanda ✓ pada kotak yang berkenaan)

Isu: ☐ Akademik ☐ Bukan Akademik	**Isu yang dihadapi pelajar:** ☐ **Markah Ujian 1 kurang 40% - 50 % (tertakluk kepada markah lulus kursus)** ☐ **Kehadiran kuliah kurang 80 % (akhir Minggu ke-7)** ☐ **PNGK < 2.50** ☐ **Lain-lain** ....
(Sila lampirkan butiran nama pelajar jika pengendalian pelajar secara berkumpulan)	

Punca yang dikenal pasti /Ringkasan perbincangan:	
Tindakan Pembetulan yang dicadangkan:	
Tarikh Perbincangan (pertama/kedua/susulan):	
Nyatakan keberkesanan Tindakan Pembetulan berdasarkan pemantauan dan tindakan susulan selepas Minggu ke-7 atau semester yang berikutnya atau lain-lain tempoh mengikut isu yang dihadapi oleh pelajar: .... Tarikh Pemantauan:	
Diisi Oleh :	Disahkan Oleh :
..... (Tandatangan PA/ Pensyarah) Tarikh:	..... (Tandatangan Ketua Jabatan) Tarikh:
Cap :	Cap :

Nota : Satu salinan borang ini hendaklah dihantar ke Pejabat Timbalan Dekan (Akademik) Fakulti untuk tujuan rekod.

	PERKHIDMATAN UTAMA **PRASISWAZAH** **PEJABAT TIMBALAN NAIB CANSELOR** **(AKADEMIK & ANTARABANGSA)** **Kod Dokumen: PU/PS/BR05/PEP**
	STUDENT'S PROGRESS FORM **(SEMESTER ..... SESSION .....)**

Student's Name :	**Matric No. :**
Lecturer / Academic Advisor's Name :	**Course Code (if related) :**
Department :	**Programme :**

(Please mark with ✓ where applicable)

Issue:	**Issues faced by the student:**
☐ Academic ☐ Non-Academic	☐ **First test mark less than 40% - 50 % (subjected to the course's passing mark)** ☐ **Attendance less than 80 % (at the end of week 7)** ☐ **CGPA < 2.50** ☐ **Others** ....
(If the students are in a group, please provide the name list in an attachment)	

Source of issue recognised/Discussion summary:	
Suggested corrective action:	
Date of discussion (first/second/follow up):	
State the efficiency of the corrective actions based on monitoring and follow ups after Week 7 or the next semester or other durations according to the issue faced by the student: .... Monitoring date:	
Filled in by :	Verified by :
..... (Signature of Academic Advisor/ Lecturer) Date:	..... (Signature of Head of Department) Date:
Official stamp :	Official stamp :

Note : One copy of this form to be submitted to the Office of Deputy Dean (Academic) Faculty for record purpose.