	<p>PERKHIDMATAN UTAMA PRASISWAZAH</p> <p>PEJABAT TIMBALAN NAIB CANCELOR (AKADEMIK DAN ANTARABANGSA) Kod Dokumen: PU/PS/BR05/PEP</p>
<p>BORANG KEMAJUAN PRESTASI PELAJAR (SEMESTER SESI.....)</p>	

Nama Pelajar : Nama : Pensyarah/ Penasihat Akademik : Jabatan :	No. Matrik : Kod Kursus : (jika berkenaan) Program :
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(Sila tanda ✓ pada kotak yang berkenaan)

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

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Tarikh Pemantauan:

Diisi Oleh : (Tandatangan PA/ Pensyarah) Tarikh:	Disahkan Oleh : (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 CANSOLOR (AKADEMIK DAN 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: <input type="checkbox"/> Academic <input type="checkbox"/> Non-Academic (If the students are in a group, please provide the name list in an attachment)	Issues faced by the student: <input type="checkbox"/> First test mark less than 40% - 50 % (subjected to the course's passing mark) <input type="checkbox"/> Attendance less than 80 % (at the end of week 7) <input type="checkbox"/> CGPA < 2.50 <input type="checkbox"/> Others
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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.