# POSTGRADUATE / CROSS FACULTY
APPLICATION TO TAKE MODULES OFFERED BY CENTRE FOR LANGUAGE STUDIES

## (A) STUDENT’S PARTICULARS
(Please read the instructions and conditions carefully before completing the form)

<table>
<thead>
<tr>
<th>Name (in Full):</th>
<th>Matric No:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Faculty/Department:</td>
<td>E-mail:</td>
</tr>
<tr>
<td>Course of Study:</td>
<td>Contact No.:</td>
</tr>
</tbody>
</table>

**Proposed module to be taken:**

<table>
<thead>
<tr>
<th>Module Code</th>
<th>Module Title</th>
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(Please provide 3 preferred groups)

<table>
<thead>
<tr>
<th>Lecture</th>
<th>Tutorial *</th>
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</thead>
<tbody>
<tr>
<td>1.</td>
<td>1.</td>
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<tr>
<td>2.</td>
<td>2.</td>
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<tr>
<td>3.</td>
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*For Bahasa Indonesia modules ONLY
For Japanese language module please go for manual tutorial registration

**Module to be read on** □ Graded or □ S/U basis.
Audit is not allowed.

**Please tick the box if you have prior knowledge:**
□ I will sit for the placement test on the date scheduled. Refer to CLS website for Placement Test date.

**Reason(s) for application:**

________________________________________________________

Signature of Student: ________________________________  Date: ______________________

## (B) FOR STUDENT’S DEPARTMENT
(To be completed by administrative staff)

<table>
<thead>
<tr>
<th>Name of Administrator</th>
<th></th>
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<tbody>
<tr>
<td>Contact No:</td>
<td>Email:</td>
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Signature: ________________________________  Date: ______________________

**Department Stamp**

(I) Recommendation of Student’s Supervisor(s) (applicable for graduate research students only): **Approved / Not Approved**

Name & Signature: ________________________________  Date: ______________________

(II) Recommendation of Student’s Head of Department: **Approved / Not Approved**

Name & Signature: ________________________________  Date: ______________________

## (C) TO BE COMPLETED BY CENTRE FOR LANGUAGE STUDIES

(I) Recommendation of Lecturer(s) **Approved / Not Approved**

Comments: __________________________________________________________

Name & Signature: ________________________________  Date: ______________________

(II) Recommendation of Head of Department: **Approved / Not Approved**

Name & Signature: ________________________________  Date: ______________________
Instructions for Graduate Students

1. This application form can be used by both research and coursework graduate students.

2. Please complete Section (A) before submitting this form to your Home Department for approval.

3. Student who wish to read a module at the Centre for Language Studies and have knowledge of the language, please sit for the placement test to be placed in an advanced level.

4. Please submit your request within one week from the commencement of the Semester. As soon as the class/exam time-table for the Semester is available, you should ensure that there is no class/exam time-table clash. Approval must be sought from your Supervisor and Head of Department.

5. All Faculty students who wish to take modules offered by CLS should use this Form and we will not accept any other self made form.

6. The completed form should be returned to the Home Department. The Home Department will notify the student about the outcome of the application via e-mail and copy it to the respective Departments.

7. Please note that the module you have requested for will be subject to vacancy.