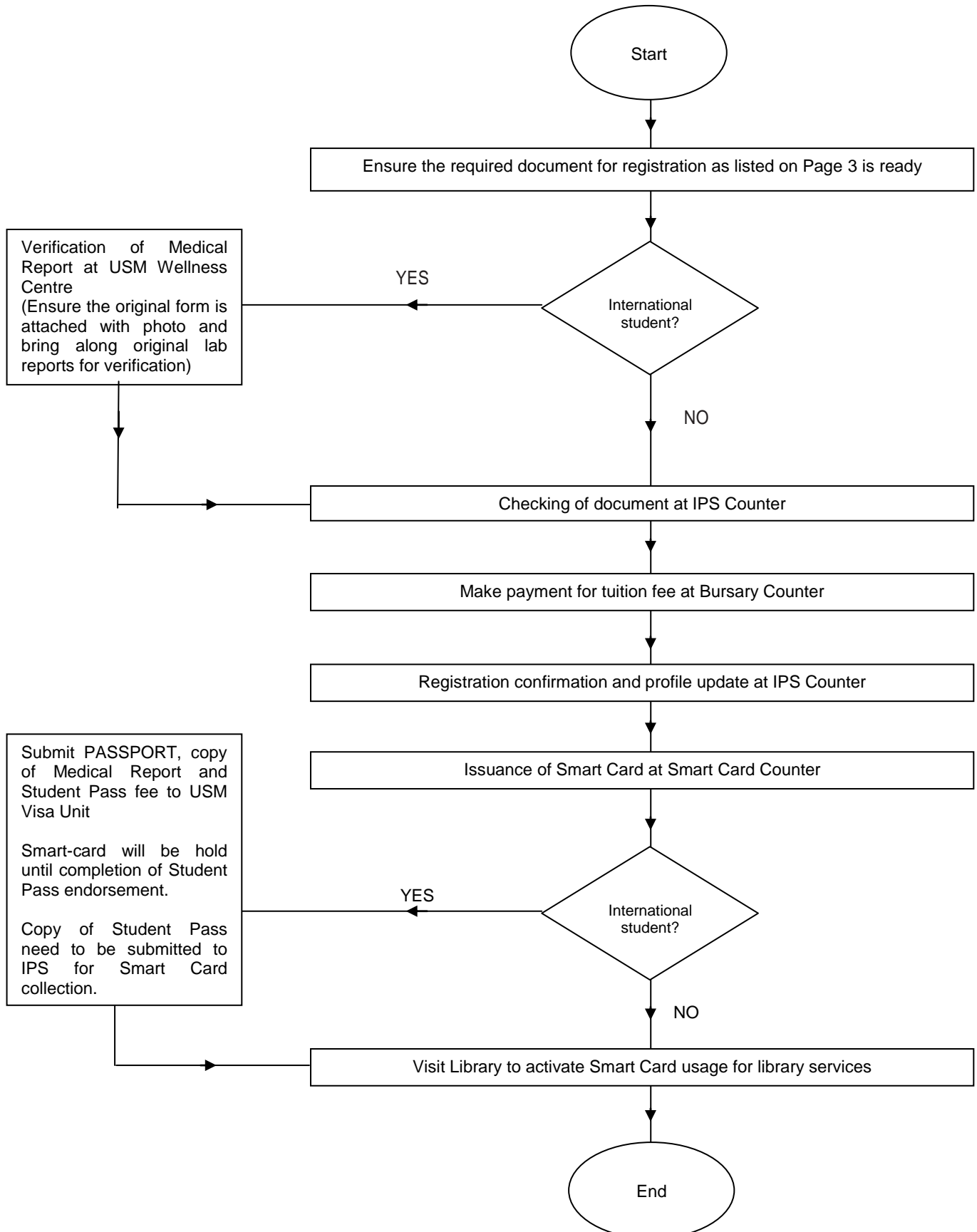




REGISTRATION FOR NEW POSTGRADUATE STUDENTS

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STEPS FOR REGISTRATION - RESEARCH MODE STUDENTS



STEPS FOR REGISTRATION - COURSEWORK MODE / MIXED MODE STUDENTS

Step 1 (A): Visa Application

For all international students, please proceed for Visa Application. Refer to the **Six Steps to Get A Student Visa**. Do not travel to Malaysia prior to approval of your Student Visa.

Step 1 (B): Accepting Offer

You need to log in into Online Application portal, and then refer to Programme Applied menu on which you can see the programme(s) that you have applied. There will be a **Click Here to Accept Offer** button. This button appears on a specific date, please refer to Registration Activities Schedule.

Step 2: Create Student Email (Self Enrolment)

You are allowed to create your own email by using your preferred email address. This process is also available at the same page as in Step 1 (B). Take note on the pin number because you will use this pin number to activate your account at the Self Enrolment page. Please refer to User Manual for assistance.

Step 3: Self Upload for Smart Card

After you have completed Step 1 and Step 2, you may now upload a passport-sized photograph for your Smart Card. This process is also available at the same page as the above steps. Please alert for this process deadline because submission after deadline will not be entertained and students will be required to process manually for their Smart Card later. Please refer to User Manual for assistance.

Step 4: Payment of Registration Fee

Payment for Registration Fee is required on or before the deadline of Self Upload for Smart Card. Payment can be made at ePayment portal at <https://epayment.usm.my/main/>.

Click Student Invoice → choose Campus → choose Postgraduate, and then key-in all the required information including **Bill/Invoice No.: PT123456**.

After successfully making the payment, forward the successful notification to hasil@usm.my and record_ips@usm.my

Step 5: Course Registration and Tuition Fee Payment

Log-in to Campus Online portal by using the ID and password created at Step 2. Students can register for courses that they wish to follow for that particular semester. Please refer to the program timetable at IPS website or if it is not available, please refer to the respective schools. Course registration can also be done during the academic briefing at school. Tuition fee is to be paid before students come for self-registration in campus on a specific date (which normally announce much earlier to students). Total fees will be automatically calculated by the system depending on how many subjects that students have registered.

Step 6: Self Registration

All students are required to do self registration on campus. Please refer to the checklist at page 3 for required documents to be presented during this process. Date of self registration is mentioned on Registration Activities Schedule.

End of the process, thank you and welcome!

Please (✓) at the space provided.

SECTION A (Applicable for International Student only)

Checklist of documents that need to be submitted **before** arrival to Malaysia.

- 1. Form A
- 2. Documents for Visa Application
(refer to Six Easy Steps To Get Student Visa)

SECTION B (Applicable for both Local and International Student).

Checklist for documents that need to be submitted **during** registration

- 1. Confirmation of registration form
- 2. Medical examination report, X-ray report and all lab reports
(1 set of form marked For USM at top right corner)
- 3. Smart Card application form (if necessary)
- 4. Change of address form (if necessary)
- 5. Copy of scholarship/sponsorship letter of offer (if any)
- 6. Copy of latest bank statement -1 month prior to registration ** applicable for International Student*

SECTION C (Applicable for both Local and International Student).

Checklist for **original documents** that candidate needs to bring **during** registration

- 1. Original degree scrolls
- 2. Original academic transcripts
- 3. Receipt of payment
- 4. Scholarship/sponsorship letter of offer (if any)
- 5. Student pass approval letter from the Malaysian Immigration ** applicable for International Student*



INSTITUT PENGAJIAN SISWAZAH
INSTITUTE OF POSTGRADUATE STUDIES

NAME: _____	
ADDRESS: _____ _____ _____	
POSTCODE: _____	COUNTRY: _____
E-MAIL: _____	
TELEPHONE: _____	MOBILE: _____

** Please complete the name and address in the box provided*

DEAN
INSTITUTE OF POSTGRADUATE STUDIES
 UNIVERSITI SAINS MALAYSIA
 11800 PULAU PINANG
 MALAYSIA

Confirmation of Acceptance Offer of Admission to Undertake Postgraduate Studies, Universiti Sains Malaysia

I hereby confirm acceptance to undertake Postgraduate Studies at Universiti Sains Malaysia

Expected Date of Registration:

Centre/School of Studies:

Date: _____

 (Signature of candidate)

International Students are requested to submit Visa Application Documents together with this Form for the Student Pass application.

For Immigration purposes
(Applicable to international candidate only)

SECTION 1

(PART B) - Please tick (✓) in the relevant box

Declaration of self and family illness. Explain in full if you or your family has any of the following illness.

• Immediate family refers to father, mother, brothers / sisters

MEDICAL PROBLEMS	SELF		IMMEDIATE FAMILY		If "Yes" please state
	Yes	No	Yes	No	
1. Congenital or inherited disorder					
2. Allergy					
3. Mental illness					
3. Fits, stroke, other neurological disease					
5. Diabetes Mellitus					
6. Hypertension					
7. Heart or vascular disease					
8. Asthma					
9. Thyroid disease					
10. Kidney disease					
11. Cancer					
12. Tuberculosis					
13. Drug addiction					
14. AIDS, HIV					
15. History of surgery					
16. Other illness					

Current medication (Long term)

IMMUNISATION HISTORY (where applicable)	DATE IMMUNISED				
1. Yellow Fever					
2. BCG*					
3. Meningitis (Quadrivalent)*					
4. Hepatitis B*					
5. Others					

* Applicable for international candidates only.

I hereby certify that the information given above is true. I understand that my application will be rejected if there is any false information given.

Date

Signature of candidate

SECTION 2 - PHYSICAL EXAMINATION

To be filled by examining doctor

For Immigration purposes
(Applicable to international candidate only)

1. BASIC MEASUREMENT	
HEIGHT : _____ m	BLOOD PRESURE : _____ mmHg
WEIGHT : _____ kg	PULSE RATE : _____ / min
VISION TEST : Unaided : (R) _____ (L) _____ Aided : (R) _____ (L) _____	COLOUR VISION TEST : NORMAL / ABNORMAL

2. GENERAL EXAMINATION			
ITEM	YES	NO	COMMENT
a. DEFORMITIES			
b. PALLOR			
c. CYANOSIS			
d. JAUNDICE			
e. OEDEMA			
f. SKIN DISEASES			

3. SYSTEM EXAMINATION			
ITEM	NORMAL	ABNORMAL	COMMENT
a. EYES (Including funduscopy)			
b. EARS			
c. NOSE			
d. ORAL CAVITY / THROAT			
e. NECK			
f. HEART			
g. LUNGS			
h. ABDOMEN / HERNIAL ORIFICES			
j. MENTAL CONDITION			
k. MUSCULOSKELETAL SYSTEM			

SECTION 3 - INVESTIGATIONS

To be filled by examining doctor.

For Immigration purposes
(Applicable to international candidate only)

URINE TEST (Please attach all the original lab report)		
ITEM	DATE TAKEN	RESULT
a. ALBUMIN		
b. SUGAR		
c. MICROSCOPIC		
d. MORPHINE*		
e. CANNABIS*		
f. AMPHETAMINES TYPE STIMULANT*		

** Applicable for international candidates only.*

BLOOD TEST (Please attach all the original lab report)		
ITEM	DATE TAKEN	RESULT
a. HEPATITIS Bs ANTIGEN*		
b. HEPATITIS C*		
c. HIV*		
d. VDRL / TPHA*		
e. MALARIAL PARASITE*		

** Applicable for international candidates only.*

CHEST X-RAY INFORMATION		
CHEST X-RAY NO.		
DATE TAKEN		
PLACE TAKEN		
REPORT		

SECTION 4 - CERTIFICATION BY THE EXAMINING DOCTOR

For Immigration purposes
(Applicable to international candidate only)

Please tick (✓) in the appropriate box

I certify that I have on this date _____ examined

Mr. / Ms. _____

Passport No. _____ and found him / her -

IN GOOD HEALTH

HAVING THE FOLLOWING MEDICAL COMPLICATION(S) (Please State)

UNDERGOING TREATMENT FOR: (Please State)

Date _____

Signature of Doctor _____

Name of Doctor _____

Qualification _____

Hospital / Clinic
Registration Number _____

Official Stamp _____

Remarks by University / College Official

SECTION 1

(PART B) - Please tick (✓) in the relevant box

Declaration of self and family illness. Explain in full if you or your family has any of the following illness.

• Immediate family refers to father, mother, brothers / sisters

MEDICAL PROBLEMS	SELF		IMMEDIATE FAMILY		If "Yes" please state
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2. Allergy					
3. Mental illness					
3. Fits, stroke, other neurological disease					
5. Diabetes Mellitus					
6. Hypertension					
7. Heart or vascular disease					
8. Asthma					
9. Thyroid disease					
10. Kidney disease					
11. Cancer					
12. Tuberculosis					
13. Drug addiction					
14. AIDS, HIV					
15. History of surgery					
16. Other illness					

Current medication (Long term)

IMMUNISATION HISTORY (where applicable)	DATE IMMUNISED				
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4. Hepatitis B*					
5. Others					

* Applicable for international candidates only.

I hereby certify that the information given above is true. I understand that my application will be rejected if there is any false information given.

Date

Signature of candidate

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b. PALLOR			
c. CYANOSIS			
d. JAUNDICE			
e. OEDEMA			
f. SKIN DISEASES			

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ITEM	NORMAL	ABNORMAL	COMMENT
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c. NOSE			
d. ORAL CAVITY / THROAT			
e. NECK			
f. HEART			
g. LUNGS			
h. ABDOMEN / HERNIAL ORIFICES			
j. MENTAL CONDITION			
k. MUSCULOSKELETAL SYSTEM			

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b. SUGAR		
c. MICROSCOPIC		
d. MORPHINE*		
e. CANNABIS*		
f. AMPHETAMINES TYPE STIMULANT*		

** Applicable for international candidates only.*

BLOOD TEST (Please attach all the original lab report)		
ITEM	DATE TAKEN	RESULT
a. HEPATITIS Bs ANTIGEN*		
b. HEPATITIS C*		
c. HIV*		
d. VDRL / TPHA*		
e. MALARIAL PARASITE*		

** Applicable for international candidates only.*

CHEST X-RAY INFORMATION		
CHEST X-RAY NO.		
DATE TAKEN		
PLACE TAKEN		
REPORT		

SECTION 4 - CERTIFICATION BY THE EXAMINING DOCTOR

Please tick (✓) in the appropriate box

I certify that I have on this date _____ examined

Mr. / Ms. _____

IC / Passport No. _____ and found him / her :-

IN GOOD HEALTH

HAVING THE FOLLOWING MEDICAL COMPLICATION(S) (Please State)

UNDERGOING TREATMENT FOR: (Please State)

Date _____

Signature of Doctor _____

Name of Doctor _____

Qualification _____

Hospital / Clinic
Registration Number _____

Official Stamp _____

Remarks by University / College Official

BORANG PENGESAHAN PENDAFTARAN
(CONFIRMATION OF REGISTRATION FORM)

NAMA PENUH / (FULL NAME):

NO. KAD PENGENALAN / (I/C NO.):

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

NO. PASPORT / (PASSPORT NO.):

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

PUSAT PENGAJIAN / PUSAT / INSTITUT (SCHOOL / CENTRE / INSTITUTE)

A. IJAZAH (DEGREE)

DOKTOR FALSAFAH / KEDOKTORAN (PhD / Doctoral)

SARJANA (Masters)

B. JENIS PENCALONAN (CANDIDATURE TYPE)

PENUH MASA
(Full Time)

SAMBILAN
(Part Time)

TIDAK BERKENAAN
(Not Applicable)

Pengakuan Pelajar / (Declaration)

Dengan ini saya bersetuju bahawa tesis yang dihasilkan oleh saya adalah hakcipta mutlak Universiti Sains Malaysia dan bukannya hakcipta penulis.

(I agree that my thesis is the permanent property of Universiti Sains Malaysia and the copyright in its original form rests with the University and not with the author.)

Tarikh (Date): _____

Tandatangan Calon (Signature of Candidate)

UNTUK KEGUNAAN INSTITUT PENGAJIAN SISWAZAH
(For IPS Office Use Only)

Tarikh Pendaftaran

Pengesahan Staf IPS

**BORANG PERMOHONAN KAD PINTAR
(SMART CARD APPLICATION FORM)**

NAMA PEMOHON / (APPLICANT'S NAME):

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

12 huruf sahaja / (12 characters only)

NO. MATRIK / (MATRIC NO.):

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Tandatangan Pelajar (Signature of Student)

Tarikh / (Date): _____

KEGUNAAN PEJABAT (FOR OFFICE USE ONLY)

1. PENDAFTARAN DIRI LENGKAP TIDAK LENGKAP

Tandatangan Staf

Tarikh _____

2. PENGESAHAN SEMULA PERKARA YANG TIDAK LENGKAP

Disahkan oleh

Tarikh _____

KEGUNAAN PEJABAT (FOR OFFICE USE ONLY)

1. SESI FOTOGRAFI BERJAYA TIDAK BERJAYA

KOD BAR

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

2. KAD PINTAR DIAMBIL PADA _____

Disahkan oleh

Tarikh _____

**Sila bawa bersama borang ini semasa mengambil kad pintar
(Please bring along this form during collection of the smart card)**

IMPORTANT CONTACT DETAILS

UNIT	CONTACT NO.	E-MAIL
ADMISSION (Registration matters) (Postponement of registration date)	Main Campus +604 – 653 2961 +604 – 653 2946 +604 – 653 2937 Engineering Campus +604 – 599 6528 +604 – 599 6527 +604 – 599 6525 Health Campus +609 – 767 2382 +609 – 767 2384 +609 – 767 2383	mahani_yusoff@usm.my siti_hajar@usm.my farah_man@usm.my siti.norlaila.ahmad@usm.my rgmushlehat@usm.my khairunisa@usm.my jamhuri@usm.my srimas@usm.my ridhuan@usm.my
BURSARY (Fees related matters)	+604 – 653 2995	noorfaridah@usm.my record_ips@usm.my
FELLOWSHIP (Financial Assistance)	+604 – 653 2983	ynorashikin@usm.my harzelinda@usm.my
DATA & RECORD (Candidature Matters) (Renewal of Registration)	+604 – 653 2608 +604 – 653 2943 +604 – 653 2936	sitiasma@usm.my norhaniza@usm.my ezalezham@usm.my
VISA (Student Pass matters)	Main / Engineering Campus +604 – 653 2493 +604 – 653 2774 Health Campus +609 – 767 2033	tajras@usm.my eliza_yasmin@usm.my sulbahri@usm.my
ACCOMMODATION	Main / Engineering Campus +604 – 653 3099 +604 – 653 4458 Health Campus +609 – 767 1316 +609 – 767 1302 +609 – 767 1346	uppu@usm.my jayajohan@usm.my siti_rohani@usm.my norashiken@usm.my nliyana@usm.my

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