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|  | | | | COURSES REGISTRATION FORM **SEMESTER KSCP**  **ACADEMIC SESSION 2020/2021** | | | | | | | | | | |
| MyKad/Passport No: | |  |  |  | |  |  |  |  |  |  |  |  |  |

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Matrix No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program of Study: Bachelor of Engineering (Hons) (Civil Engineering)

Semester of Registration: Semester **KSCP, 2020/2021**

Year of Study:

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| Course Code | Type | Unit |  |

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| **1.** |  |  |  |  |  |  |  |  |  |  |  |
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| **4.** |  |  |  |  |  |  |  |  |  |  |  |
| **5.** |  |  |  |  |  |  |  |  |  |  |  |
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| **Total Units** |  |  |

**STUDENTS DECLARATION**

I declare that:

1. Registration for courses with a total number of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ units is correct.
2. The number of units does not exceed the maximum limit set.
3. Any errors are my own responsibility.
4. **Email to zalia@usm.my**

Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_